

ALTERED MENTAL STATUS	
ADULT	PEDIATRIC (≤34KG)
<b>BLS</b>	
<ul style="list-style-type: none"> <li>• Universal Protocol #601</li> <li>• Pulse Oximetry                             <ul style="list-style-type: none"> <li>○ O<sub>2</sub> administration per Airway Management Protocol #602</li> </ul> </li> <li>• Evaluate and treat for possible cause, see notes</li> </ul> <p><b>Suspected, or confirmed (BG &lt;60 mg/dL) Diabetic Emergency:</b></p> <ul style="list-style-type: none"> <li>• <b>Oral Glucose</b> 15 Gm assist with self-administration in patient meeting criteria below, repeat as needed                             <ul style="list-style-type: none"> <li>○ Awake patient able to follow commands</li> </ul> </li> <li>• Able to swallow without difficulty, and able to control secretions</li> </ul>	<p>Same as Adult</p>
<b>BLS Elective Skills</b>	
<p><b>All patients with Altered Mental Status</b> Obtain Blood Sugar Level</p>	
<b>ALS Standing Orders</b>	
<p style="text-align: center;"><b>With Blood Glucose (BG) &lt;60 mg/dL</b></p> <p><b>Stable</b></p> <ul style="list-style-type: none"> <li>• <b>Oral Glucose</b> 15 Gm assist with self-administration, repeat as needed</li> </ul> <p><b>Unstable</b></p> <ul style="list-style-type: none"> <li>• <b>Dextrose 10% (250mL bag)</b> 150 mL IV                             <ul style="list-style-type: none"> <li>○ Recheck BG level after 5 min</li> <li>○ If BG &lt; 60mg/dL – repeat 100 mL IV bolus</li> </ul>                             Or                         </li> <li>• <b>Dextrose 50%</b> 25 Gm (50 mL) slow IV                             <ul style="list-style-type: none"> <li>○ Recheck BG level after 5 min</li> <li>○ If BG &lt; 60mg/dL – repeat 100 mL IV bolus</li> </ul>                             Or                         </li> <li>• <b>Glucagon</b> 1 mg IM if unable to establish IV after 2 attempts</li> </ul>	<p style="text-align: center;"><b>With Blood Glucose (BG) &lt;60 mg/dL (Newborn &lt;40 mg/dL)</b></p> <p><b>Stable</b> – Same as adult</p> <p><b>Unstable</b></p> <ul style="list-style-type: none"> <li>• <b>Dextrose 10% (250 mL bag)</b> 0.5 Gm/kg (5 mL/kg) IV not to exceed 150 mL                             <ul style="list-style-type: none"> <li>○ A syringe may be utilized for administering small volumes &lt; 50 mL</li> <li>○ Recheck BG level after 5 min</li> <li>○ If BG &lt; 60mg/dL – repeat 0.5 Gm/kg (5 mL/kg) IV, not to exceed 100 mL</li> </ul>                             Or                         </li> <li>• <b>Dextrose 25%</b> 0.5 Gm/kg (2 mL/kg) slow IV (see dilution preparation below)                             <ul style="list-style-type: none"> <li>○ Recheck BG level after 5 min</li> <li>○ If BG &lt; 60mg/dL – repeat 0.5 Gm/kg (5 mL/kg) IV, not to exceed 100 mL</li> </ul>                             Or                         </li> <li>• <b>Glucagon</b> 0.1 mg/kg IM not to exceed 1 mg if unable to establish IV after 2 attempts</li> </ul>
<b>Base Hospital Orders Only</b>	
<ul style="list-style-type: none"> <li>• As needed</li> </ul>	<ul style="list-style-type: none"> <li>• As needed</li> </ul>

**Notes**

- Assisting a patient with Oral Glucose requires they be awake, able to swallow, and follow commands
- Dextrose 10% may be administered via IV drip tubing at an open (rapid) rate
- Pediatric dilution of Dextrose 50% when 25% pre-package is unavailable
  - Use a 250 mL bag NS and remove/discard 200 mL of NS
  - Add 50 mL of Dextrose 50%
  - Verify total bag volume = 100 mL
  - This concentration is now approximately 0.25 Gm/mL or 25% Dextrose
- Evaluate for possible causes and refer to appropriate treatment protocol:
  - A – alcohol
  - E – epilepsy
  - I – insulin
  - O – overdose/low oxygen (hypoxia)
  - U – uremia
  
  - T – trauma
  - I – infection
  - P – psychiatric
  - S - stroke