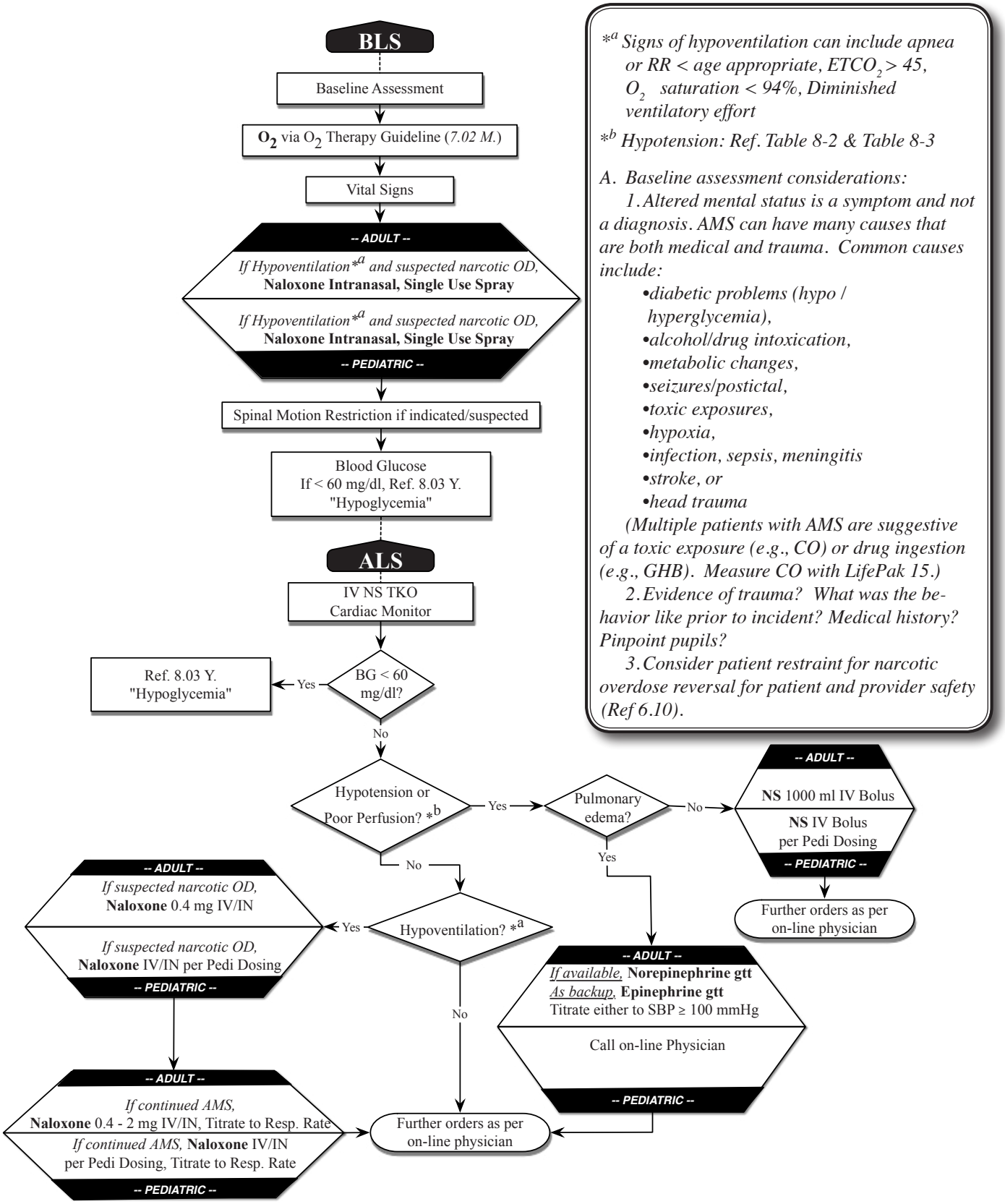
8.03 E. Altered Mental Status (AMS)



[a] Signs of hypoventilation can include apnea or RR < age appropriate, $ETCO_2$ > 45, O_2 saturation < 94%, Diminished ventilatory effort

[b] Hypotension: Ref. Table 8-2 & Table 8-3

A. Baseline assessment considerations:

1. Altered mental status is a symptom and not a diagnosis. AMS can have many causes that are both medical and trauma. Common causes include:

- *diabetic problems (hypo / hyperglycemia),*
- *alcohol/drug intoxication,*
- *metabolic changes,*
- *seizures/postictal,*
- *toxic exposures,*
- *hypoxia,*
- *infection, sepsis, meningitis*
- *stroke, or*
- *head trauma*

(Multiple patients with AMS are suggestive of a toxic exposure (e.g., CO) or drug ingestion (e.g., GHB). Measure CO with LifePak 15.)

2. Evidence of trauma? What was the behavior like prior to incident? Medical history? Pinpoint pupils?

3. Consider patient restraint for narcotic overdose reversal for patient and provider safety (Ref 6.10).

[BLS] - Single Use Naloxone Intranasal Spray delivers 4mg Naloxone. It is not titratable. Ref. 7.03 D.

[ALS] - Slowly administer Narcan® (Naloxone) over at least a two minute period, titrating to respirations. ***If intubation performed or planned, do not try to awaken the patient in the field or in the EMS transport vehicle with Narcan.***