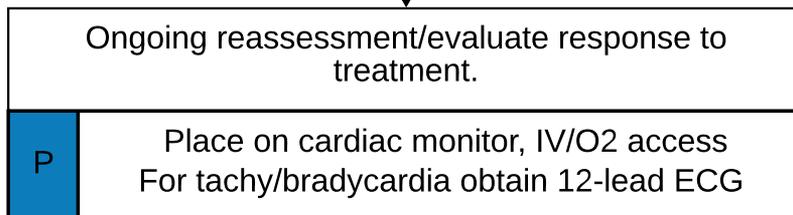
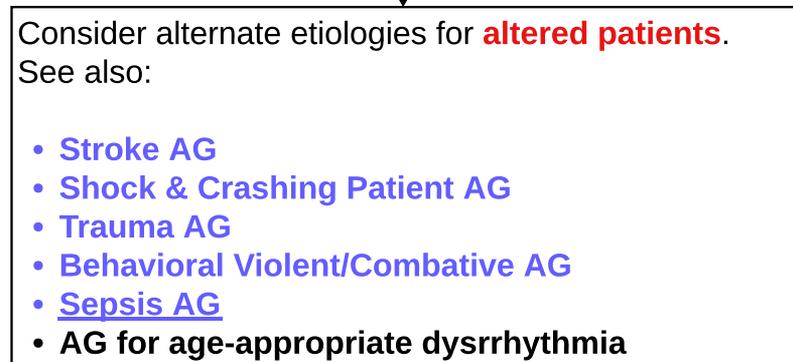
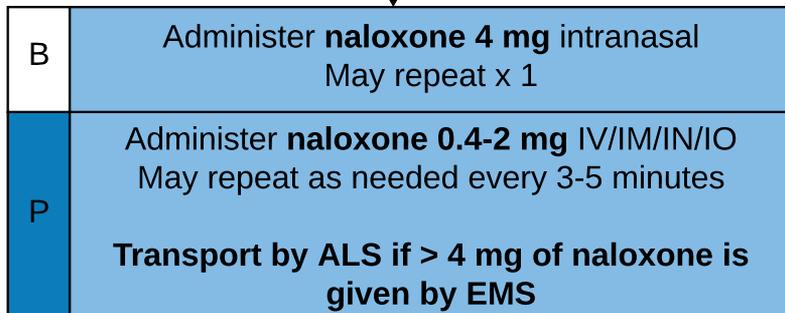
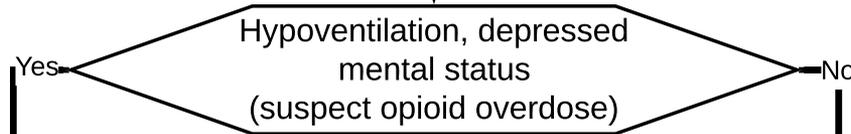
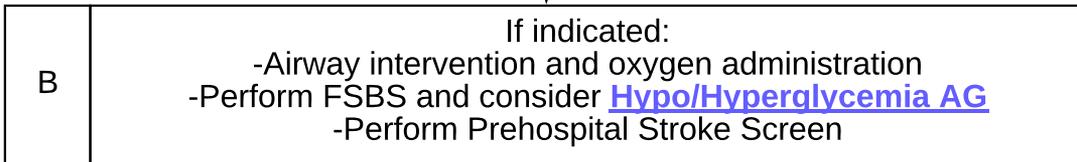
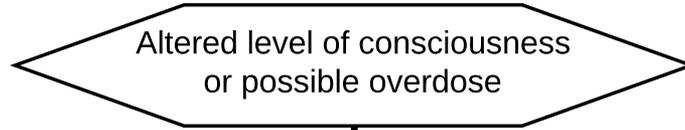




History <ul style="list-style-type: none"> • Diabetes • Medical Alert Tag/Bracelet • Report of toxic ingestion or overdose • History of trauma • Past medical history <ul style="list-style-type: none"> ◦ ETOH/Drug usage ◦ Seizure 	Signs and Symptoms <ul style="list-style-type: none"> • Decreased level of consciousness • Change in behavior reported • Signs of hypoglycemia (cool/clammy) • Hyperglycemia/DKA (dehydration, Kussmal respirations) • Irritability 	Differential <ul style="list-style-type: none"> • Shock or sepsis • Cardiac arrhythmia • Hyperglycemia/hypoglycemia/other metabolic abnormality • Ingestion/intoxication • Seizures or postictal state
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Consider consultation with AZ Poison and Drug Information Center (AZPDIC) at 520-626-6016



Education/Pearls

Altered mental status can arise from a variety of diseases and traumatic injuries. A careful history is an important adjunct to a physical exam in determining the cause of altered mental status; these patients require a careful assessment of the patient, scene, and circumstances.

- Pay careful attention not to miss subtle signs of trauma, especially head injury. Signs of head trauma in patients with altered mental status or altered level of consciousness warrant consideration of cervical spine immobilization and/or other methods of spinal motion restriction.
 - Consider **Trauma AG** if indicated
- Patients with a history of substance abuse and/or mental health issues quite often have co-morbid medical conditions that may lead to alterations in mental status. They may also be the victims of violence.
 - Do not assume that substance use or underlying mental health conditions are the only reason for the patient's altered mental status or change in behavior (e.g. patients with a history of alcohol abuse are at risk for hypoglycemia).
- Patients with severe or dangerous behavioral presentations may need sedation or restraint per **Behavioral Violent/Combative AG**.
- Max 1 mL per nostril for MAD administration of naloxone per dose.
- Consider contacting Poison Control for suspected overdose or toxic ingestion 1-800-222-1222. Poison Control may be able to provide additional treatment and transport recommendations.

Opioid Overdose:

- Patients who receive naloxone should be evaluated and observed in the emergency department.
- Patients who receive more than one dose of naloxone should be transported by ALS.
- Neonates should not receive naloxone due to concern for precipitation of acute withdrawal and seizures.