



NASSAU REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

2201 Hempstead Turnpike, Bin 78
East Meadow, NY 11554-1859

Phone: 516-542-0025
FAX: 516-542-0049
Website: www.nassauems.org

March 8, 2010

Dear Chief and EMS Coordinator:

The following ***draft*** Protocols revisions are being proposed:

<u>REVISED</u>	<u>PROCEDURE</u>
Pediatric P-8	Pediatric Altered Mental Status
BLS M-2 Suppl.	Altered Mental Status

In accordance with the Regional Medical Advisory Committees policy these drafts are being posted on the Nassau REMSCo website (www.nassauems.org click on the "Protocols" button and then on the link marked "View PROPOSED Protocols Revisions") for all provider agencies and hospitals to review and comment. Should you wish to have your comments considered by the ReMAC, you must submit them in writing to the above address within 30 days of the date of this letter.

If you have any questions please do not hesitate to contact me.

Sincerely yours,

John J. Hassett
Executive Director

Nassau Regional Medical Advisory Committee



Pediatric ALS Protocols	PEDIATRIC ALTERED MENTAL STATUS	Protocol P8
		Approved: 2/3/2010
		Effective:

For pediatric patients in coma, with evolving neurological deficit, or with altered mental status of unknown etiology:

NOTE: MAINTENANCE OF NORMAL RESPIRATORY AND CIRCULATORY FUNCTION IS ALWAYS THE FIRST PRIORITY. PATIENTS WITH ALTERED MENTAL STATUS DUE TO RESPIRATORY FAILURE OR ARREST, OBSTRUCTED AIRWAY, SHOCK; TRAUMA, NEAR DROWNING OR OTHER ANOXIC INJURY SHOULD BE TREATED UNDER OTHER PROTOCOLS.

Standing Orders

1. Assess respiratory and circulatory status.
2. Begin BLS Altered Mental Status procedures.
3. Glucagon 0.1 mg/kg IM (if no IV established).
4. IV of Normal Saline (0.9% NaCl) KVO, or a saline lock. Attempt IV only once.
5. Dextrose D10 or D25 IV (0.5 gm/kg)

*** Note: Perform a Glucometer test for blood sugar level, if it is less than 60 administer glucagon or dextrose as indicated in step 3 or 5 and continue monitoring, as needed, after administration.**

MEDICAL CONTROL OPTIONS:

- Repeat any of the above orders.
- IO infusion of Normal Saline (0.9% NaCl).
- If there is no change in mental status, administer Naloxone.

* = Added material

Draft

Altered Mental Status

(NON-TRAUMATIC AND WITHOUT RESPIRATORY OR CARDIOVASCULAR COMPLICATIONS)

Note:

**Request Advanced Life Support if available.
Do Not delay transport to the appropriate hospital.**

Note:

This protocol is for patients who are not alert (A), but who are responsive to verbal stimuli (V), responding to painful stimuli (P), or unresponsive (U).

- I. Assess the situation for potential or actual danger. If the scene/situation is not safe, retreat to a safe location, create a safe zone and obtain additional assistance from a police agency.

Note:

Emotionally disturbed patients must be presumed to have an underlying medical or traumatic condition causing the altered mental status.

Note:

**All suicidal or violent threats or gestures must be taken seriously. These patients should be in police custody if they pose a danger to themselves or others.
If the patient poses a danger to themselves and/or others, summon police for assistance.**

- II. Perform initial assessment. Assure that the patient's airway is open and that breathing and circulation are adequate. Suction as necessary.
- III. Administer high concentration oxygen. In children, humidified oxygen is preferred.
- IV. Obtain and record patient's vital signs, including determining the patient's level of consciousness. Assess and monitor the Glasgow Coma Scale.
- A. **If the patient is unresponsive (U) or responds only to painful stimuli (P), transport immediately, keeping the patient warm.**

Draft

Altered Mental Status, continued

- B. **If the patient has a known history of diabetes controlled by medication, is conscious and is able drink without assistance, perform a Glucometer test for blood sugar level, if it is less than 60 provide an oral glucose solution, fruit juice or non-diet soda by mouth, then transport, keeping the patient warm.**

Note:

Do not give solutions by mouth to patients who are unconscious or to patients with head injuries.

- V. If underlying medical or traumatic condition causing an altered mental status is not apparent; the patient is fully conscious, alert (A) and able to communicate; and an emotional disturbance is suspected, proceed to the Behavioral Emergencies protocol.
- VI. Transport immediately, keeping the patient warm.
- VII. Ongoing assessment. Repeat and record the patient's vital signs, including the level of consciousness and Glasgow Coma Scale enroute as often as the situation indicates.
- VIII. Record all patient care information, including the patient's medical history, Glucometer reading, and all treatment provided, on a Prehospital Care Report (PCR).

NOTE: Agencies must be authorized by the Nassau REMAC, in accordance with NYS DOH BEMS Policy 09-13, in order to use BLS Glucometry.

* - New material is underlined and italicized.

Draft