

Protocol 3-15

SECTION: Adult General Medical Emergencies

PROTOCOL TITLE: Medical - Altered Mental Status

REVISED: 06/2017

UNCONSCIOUS / SYNCOPED / AMS

OVERVIEW:

The unconscious patient can be a difficult patient to manage. There are many potential causes for a change in mentation or syncope. These causes range from benign problems to potentially life-threatening cardiopulmonary or central nervous system disorders. When approaching the patient that has experienced a change in mental status, or syncope, be alert for clues that may indicate the potential cause – diligently obtain a thorough patient history and perform a complete physical exam. Obtaining an adequate physical assessment and assessing for the presence of common causes of the episode can quickly aid you in determining the proper sequence of care to provide to the patient. Focus on managing any life-threatening conditions that may have led to the episode and correcting any found.

HPI	Signs and Symptoms	Considerations
<ul style="list-style-type: none"> • Cardiac history, stroke, seizures • Occult blood loss (GI, ectopic) • Females (LMP, vaginal bleeding) • Fluid loss (nausea, vomiting, diarrhea) • Past medical history • Recent trauma • Complaint prior to event 	<ul style="list-style-type: none"> • Loss of consciousness with recovery • Lightheadedness, dizziness • Palpitations, slow or rapid pulse • Pulse irregularity • Decreased blood pressure 	<ul style="list-style-type: none"> • Vasovagal • Orthostatic hypotension • Cardiac syncope / dysrhythmia • Micturition / defecation syncope • Psychiatric • Stroke • Hypoglycemia • Seizure • Shock • GI Bleed • Ectopic Pregnancy • Toxicological (ETOH) • Medication effect

	EMR	EMT	A	I	P
1. Perform general patient management.	•	•	•	•	•
2. Maintain patient in a supine position.	•	•	•	•	•
3. Administer oxygen to maintain <u>SPO₂</u> 94 - 99% and glucose check.	•	•	•	•	•
4. If the patient has altered mental status, refer to the appropriate protocol per assessment. If no obvious etiology is identified, refer to <i>Medical – Stroke/TIA</i> protocol.	•	•	•	•	•
5. If the patient age is ≥ 25 years of age or has a cardiac history, place on cardiac monitor and obtain / interpret <u>12 lead ECG</u> . If interpretation is consistent with STEMI, notify and transport to the closest appropriate Emergency PCI hospital.		•	•	•	•

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Continued

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	EMR	EMT	A	I	P
6. Establish IV of Normal Saline. Keep at KVO rate unless hypotensive. If hypotensive, refer to <i>Medical – Hypotension/Shock (Non-trauma)</i> protocol.			•	•	•
7. Transport and reassess as needed.		•	•	•	•

POSSIBLE CAUSES OF UNCONSCIOUSNESS/SYNCOPED/AMS

A	Alcohol, Abuse, Acidosis	T	Toxidromes, Trauma, Temperature, Tumor
E	Endocrine, Electrolytes, Encephalopathy	I	Infection, Intussusception
I	Insulin	P	Psychogenic, Porphyria, Pharmacological
O	Oxygenation, Overdose, Opiates	S	Space occupying lesion, Sepsis, Seizure, Shock
U	Uremia		

PEARLS:

1. In patient that has experienced a syncopal episode, assess for signs or symptoms of injury and take appropriate precautions if there is reason to suspect trauma, or traumatic injury that cannot be ruled out.
2. In patients with a cardiac history, or in the elderly, be suspicious of cardiac arrhythmia as the cause of syncope.