Altered Mental Status

**History**
- Known diabetic, medic alert tag
- Drugs, drug paraphernalia
- Report of illicit drug use or toxic ingestion
- Past medical history
- Medications
- History of trauma
- Change in condition
- Changes in feeding or sleep habits

**Signs/Symptoms**
- Decreased mental status or lethargy
- Change in baseline mental status
- Bizarre behavior
- Hypoglycemia (cool, diaphoretic skin)
- Hyperglycemia (warm, dry skin; fruity breath; Kussmaul resps; signs of dehydration)
- Irritability

**Differential**
- Head trauma
- CNS (stroke, tumor, seizure, infection)
- Cardiac (MI, CHF)
- Hypothermia
- Infection (CNS and other)
- Thyroid (hyper / hypo)
- Shock (septic, metabolic, traumatic)
- Diabetes (hyper / hypoglycemia)
- Toxicologic or Ingestion
- Acidosis / Alkalosis
- Environmental exposure
- Pulmonary (Hypoxia)
- Electrolyte abnormality
- Psychiatric disorder

**Legend**
- MR
- B
- EMT
- I
- EMT- I
- P
- EMT- P
- M

**Universal Patient Care Protocol**
- Consider Spinal Immobilization Protocol
- IV Protocol
- Blood glucose

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**Pearls**
- **Recommended Exam:** Mental Status, HEENT, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro. Pay careful attention to the head exam for signs of bruising or other injury.
- Be aware of AMS as presenting sign of an environmental toxin or Haz-Mat exposure and protect personal safety.
- It is safer to assume hypoglycemia than hyperglycemia if doubt exists. Recheck blood glucose after Dextrose or Glucagon.
- Do not let alcohol confuse the clinical picture. Alcoholics frequently develop hypoglycemia and may have unrecognized injuries.
- Low glucose (< 60), normal glucose (60 - 120), high glucose (> 250).
- Consider Restraints if necessary for patient’s and/or personnel’s protection per the restraint procedure.