Pediatric Altered Mental Status

The purpose of this protocol is to provide for the assessment and treatment of pediatric patients with altered mental status of unknown etiology such as alcohol, trauma, poisonings, seizures, behavioral problems, stroke, environmental causes, infection, etc.

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **Pediatric Assessment and Treatment Protocol**.
2. Restrain patient if necessary, refer to **Patient Restraint Procedure**.
3. **If patient is not alert** or vital signs are unstable:
   A. Evaluate and maintain airway, provide oxygenation and support ventilations as needed.
   B. If no concern regarding spinal injury, place the patient on either side.

MFR/EMT/SPECIALIST

   C. For a known diabetic, consider small amounts of oral glucose paste, buccal or sublingual.

EMT/SPECIALIST/PARAMEDIC

4. **If the patient is alert** but demonstrating signs of hypoglycemia, measure blood glucose level, if available.
   A. If less than 60 mg/dl administer oral high caloric fluid.

SPECIALIST/PARAMEDIC

5. If glucose is less than 60 mg/dl, administer Dextrose.
   A. Dextrose 12.5% for neonates, (under 1 month of age) 4 ml/kg IV/IO*.
   B. Dextrose 25% for children up to 12 years old, 2 ml/kg IV/IO*.

*The IO route is a last resort if IV cannot be established and Glucagon is not available with online Medical Control approval.

6. If respiratory depression is present, administer Naloxone up to 0.1 mg/kg (maximum dose 2 mg) IV slowly, titrating to improve respiratory status or IM; repeat as needed.
7. Per MCA selection, if unable to start IV, when Dextrose is indicated, administer Glucagon.

Glucagon
1 mg IM

☐ Included

☐ Not Included

Post-Medical Control

1. Repeat Dextrose as indicated.
2. Repeat Naloxone as indicated.

NOTE:

1. To obtain Dextrose 12.5%, discard 37.5 ml out of one amp of D50, then draw 37.5 ml of NS into the D50 amp; administer as indicated above.

2. To obtain Dextrose 25%, discard 25 ml out of one amp of D50, then draw 25 ml of NS into the D50 amp; administer as indicated above.

3. To avoid extravasation, a patent IV must be available for IV administration of Dextrose. Dextrose should always be pushed slowly (e.g., over 1-2 minutes).

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Follow **Pediatric Assessment & Treatment Protocol**

Restrain patient if necessary, refer to **Patient Restraint Procedure**

If patient is not alert or vital signs are unstable:

- Evaluate & maintain airway, provide oxygenation & support ventilations as needed.
- If no concern regarding spinal injury, place patient on either side.

If the patient is alert but demonstrating signs of hypoglycemia:

- Measure blood glucose level, if available
- If less than 60 mg/dl administer oral high caloric fluid

If Glucose less than 60 mg/dl, administer Dextrose

- Dextrose 12.5% for neonates (under 1 month of age) 4 ml/kg IV/IO*
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Glucagon
1 mg IM

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☐ Not Included

Contact Medical Control

- Repeat Dextrose as indicated
- Repeat Naloxone as indicated

NOTE:	
To obtain Dextrose 12.5%, discard 37.5 ml out of one amp of D50, then draw 37.5 ml of NS into the D50 amp; administer as indicated above.	To obtain Dextrose 25%, discard 25 ml out of one amp of D50, then draw 25 ml of NS into the D50 amp; administer as indicated above.

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