ALTERED MENTAL STATUS

Link to legend will be added before finalized

DRAFT EMSAC AUGUST 2026

- Assess ABC's, **vital signs**, **Oxygen** PRN (goal >94%)
- Assess and document any focal neuro deficits and AVPU/GCS
- Obtain history from bystanders and caregivers including development age and baseline functional status

Check blood glucose

Glucose <60mg/dL?

YES

Glucose PO

Dextrose IV
-- OR--
Glucagon IM

NO

Consider the following differential and treat for potential reversible causes:

AEIOU-TIPS
A- **A**lcohol, **A**buse, **A**cidosis
E- **E**pilepsy, **E**lectrolytes
I- **I**nsulin (hypoglycemia), **I**nfection
O- **O**xygen, **O**verdose
U-**U**remia (kidney failure)
T- **T**rauma
I- **I**nfection
P- **P**sych, **P**oisoning
S- **S**eizure, **S**troke

If **<1 year** of age consider BRUE

Transport to ED

Comments

- **Oral glucose** is only appropriate for hypoglycemic patients who are conscious, gag reflex and must be able to self-administer
- **Naloxone** is appropriate only when altered mental status is associated with decreased respiratory depression
- In patients <1 year, Brief Resolved Unexplained EVENT (BRUE) may also present as Altered Mental Status, but reversible causes should still be reassessed. BRUE is defined as:
  - Age <1year
  - Observer reports a sudden, brief (<1minute) and now resolved episode of one or more of the following:
    - Absent, decrease or irregular breathing
    - Cyanosis or pallor
    - Marked change in muscle tone (hypertonia or hypotonia)
    - Altered level of responsiveness

Effective: xxxxx
Supersedes: NEW