



<h1>NYC REMAC</h1>			
Advisory No.	2015-04		
Title:	Revision/Update of BLS Protocol 411: Altered Mental Status		
Issue Date:	June 22, 2015		
Effective Date:	August 1 <sup>st</sup> , 2015		
Supersedes:	n/a	Page:	1 of 3

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article 30 of the New York State Public Health Law.

Basic Life Support (EMT) Protocol 411: Altered Mental Status (AMS) has been updated to be consistent with the NYS Department of Health AMS Protocol. **Pediatric doses have been added.**

The revised protocol is attached. New Language is underlined and bold. Deleted Language is ~~struck-out~~.

**This protocol has a Mandatory Quality Assurance Component**

For every administration of intra-nasal (IN) Naloxone), the ACR/PCR documentation must be reviewed by the service medical director who is responsible for forwarding ACR/PCR data electronically to the NY REMAC via an online survey tool for system-wide QA purposes. Patient specific identifiers are omitted. This QA component is effective immediately. For the purposes of patient confidentiality, email [mdiglio@nycremsco.org](mailto:mdiglio@nycremsco.org) for directions on how to submit data electronically.

**Current and Updated Protocols can be accessed at the Regional EMS Council website:**  
[www.nycremsco.org](http://www.nycremsco.org).

**Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.**

**In order to provide evidence that all EMS personnel have been updated in current protocols, the EMS Agency must provide a list of updated personnel accompanied by a letter of affirmation signed by the service medical director and Chief Executive Officer no later than FOUR (4) weeks after completion of training/in-service.**

Lewis W. Marshall, Jr., MD, JD  
Chair,  
Regional Emergency Medical Advisory Committee  
of New York City

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**ALTERED MENTAL STATUS**

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

**Assess such patients for an underlying medical or traumatic condition causing an altered mental status and treat as necessary.**

1. Assess the situation for potential or actual danger and establish a safe zone, if necessary.

**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 and/or others.**

2. If an underlying medical or traumatic condition causing an altered mental status is not apparent; the patient is fully conscious, alert, and able to communicate; and an emotional disturbance is suspected, see Protocol #430.
3. Monitor the airway.
4. Administer oxygen.

**NOTE: IF OVERDOSE IS SUSPECTED, USE HIGH FLOW OXYGEN.**

5. Request Advanced Life Support assistance, if appropriate.
6. If an overdose is strongly suspected, and the patient's respiratory rate is less than 10/minute, administer intra-nasal (IN) Naloxone, if available, **2mg/2ml** via mucosal atomizer device (MAD), as follows: ~~Administer 1mg naloxone in each nostril.~~

a. ADULT patient: 1mg/ml in each nostril. Total of 2 mg/2ml

b. PEDIATRIC patient: 0.5 mg/0.5 ml in each nostril. Total of 1 mg/1 ml.

Relative Contraindications:

- Cardiopulmonary Arrest,
- Active seizure,
- ~~Pediatric patients,~~
- ~~Therapeutic opiate use through a physician prescription,~~
- Evidence of nasal trauma, nasal obstruction and/or epistaxis.

# THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

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## 7. Initiate transport.

8. If after 5 minutes, the patient's respiratory rate is not greater than 10 breaths/minute **there is no improvement**, administer a repeat dose of **2mg/2ml** naloxone, following the same procedure described in #6. ~~via mucosal atomizer device (MAD). Administer 1mg naloxone in each nostril.~~
9. If the patient is conscious, is able to swallow, and is able to drink without assistance, provide a glucose solution, fruit juice, or non-diet soda by mouth.
  - a. Do **not** give oral solutions to unconscious patients.
  - b. Do **not** give oral solutions to patients with head injuries.
10. Transport.
11. Assess and monitor the Glasgow Coma score. (See Appendix E.)
  - a. Do **not** delay transport.

## Mandatory Quality Assurance Component

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