



<h1>NYC REMAC</h1>			
Advisory No.	2015-05		
Title:	Revision/Update of ALS Protocols 511 (Adult) and 556 (Peds): Altered Mental Status		
Issue Date:	July 9, 2015		
Effective Date:	August 1 st , 2015		
Supersedes:	Previous versions	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.

Advanced Life Support (Paramedic) Protocols 511 (Adult) and 556 (Peds): Altered Mental Status (AMS) have been updated to be consistent with the regional and state BLS Protocols.

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

The ALS Protocols have been updated to version v08012015b

Current and Updated Protocols can be accessed at the Regional EMS Council website: 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.

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Chair,
Regional Emergency Medical Advisory Committee
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511

ALTERED MENTAL STATUS

1. Begin Basic Life Support Altered Mental Status procedures.
2. Begin an IV infusion of Normal Saline (0.9% NS) to keep vein open, or Saline Lock.

NOTE: A glucometer should be used to document blood glucose level prior to administration of Dextrose or Glucagon.

If the glucometer reading is above 120 mg/dl, Dextrose and Glucagon should be withheld.

3. Administer Dextrose 25 gm (50 ml of a 50% solution), IV/Saline Lock bolus.
4. In patients with diabetic histories where an IV/Saline Lock route is unavailable, administer Glucagon 1 mg, IM.

5. If the patient's mental status fails to improve significantly, administer Naloxone, titrate in increments of ~~0.4~~ 0.5 mg up to response, up to ~~2~~ 4 mg, IV/Saline Lock bolus. If IV/Saline Lock access has not been established, administer Naloxone ~~0.8-0.5~~ mg, up to response, up to ~~2~~ 4 mg IM or IN.

NOTE: IF AN OVERDOSE IS STRONGLY SUSPECTED, ADMINISTER NALOXONE PRIOR TO DEXTROSE.

6. If there still is no change in mental status or it fails to improve significantly, repeat Dextrose 25 gm (50 ml of a 50% solution), IV/Saline Lock bolus.
7. If there is still no change in mental status, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

OPTION A: Repeat any of the above standing orders.

OPTION B: Transportation Decision.

556

PEDIATRIC ALTERED MENTAL STATUS

*For pediatric patients in coma, with evolving neurological deficit,
or with altered mental status of unknown etiology*

NOTE: Maintenance of normal respiratory and circulatory function is always the first priority. Patients with altered mental status due to respiratory failure or arrest, obstructed airway, shock, trauma, near drowning or other anoxic injury should be treated under other protocols.

1. Begin Basic Life Support Altered Mental Status procedures.
2. During transport, or if transport is delayed:
 - a. Administer Glucagon 1 mg, IM.
3. Begin an IV or IO infusion of Normal Saline (0.9% NS) to keep vein open, or a Saline Lock. Attempt vascular access no more than twice.
4. Administer Dextrose 0.5 gm/kg, IV/Saline Lock or IO bolus. Use 10% Dextrose in patients less or equal to one (1) month of age. Use 25% Dextrose in patients greater than one (1) month of age and less than **14 15** years of age. (Refer to Length Based Dosing Device).
5. If the patient's mental status fails to improve significantly, administer Naloxone, titrate in increments of **0.4 0.5** mg up to response, up to 2 mg, IV/Saline Lock or IO bolus. If IV/Saline Lock/IO access has not been established, administer Naloxone **0.8 0.5** mg up to response, up to 2 mg, IM or IN.
6. If there is still no change in mental status, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

OPTION A: Repeat any of the above standing orders.

OPTION B: Transportation Decision.