NYC REMAC

Advisory No.	2017-11		
Title:	Revision/Update of BLS Protocol 411: Altered Mental Status		
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Supersedes:	2015-04	Page:	1 of 4

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) is updated to add a new optional **Narcan®** (naloxone) **Nasal Spray** delivery device that is being provided by the NYS Department of Health to the NYC REMSCO for distribution in this region. The new device requires no assembly and administers naloxone as a nasal spray with a single dose of 4 mg/.1ml.

The EMS Agency Medical Director is responsible to decide which Naloxone option the agency will use.

Agencies wishing to use the nasal spray Naloxone with a single dose of 4 mg/.1ml., which is available from the NYC REMSCO, must submit a request letter signed by their agency Medical Director, via email to nbenedetto@nycremsco.org.

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

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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411

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~~, via:

a. Mucosal Atomizer Device (MAD)~~, as follows~~:

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

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

OR

b. **Narcan® Nasal Spray**

i. **Adult AND Pediatric patients:** 4 mg/0.1ml in ONE nostril. If, after 2- 3 minutes if there is no or minimal response, repeat administration of 4mg/0.1ml with a second device into OTHER nostril.

Relative Contraindications:

- Cardiopulmonary Arrest,
- Active seizure,
- Evidence of nasal trauma, nasal obstruction and/or epistaxis.

7. Initiate transport.

8. If after 5 minutes, the patient's respiratory rate is not greater than 10 breaths/minute, administer a repeat dose of naloxone, following the same procedure described in #6.

NOTE: A GLUCOMETER (IF AVAILABLE) SHOULD BE USED TO DOCUMENT BLOOD GLUCOSE LEVEL PRIOR TO ADMINISTRATION OF GLUCOSE, FRUIT JUICE OR SODA.

IF THE GLUCOMETER READING IS ABOVE 60 MG/DL, WITHHOLD TREATMENT FOR HYPOGLYCEMIA.

DIABETIC PATIENTS WITH A BLOOD GLUCOSE LEVEL READING BETWEEN 60-80 MAY STILL BE EXPERIENCING HYPOGLYCEMIA, AND IF THEY DISPLAY SUCH SIGNS AND SYMPTOMS SHOULD BE TREATED ACCORDINGLY.

9. If the patient is conscious, can swallow, and can 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

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 for directions on how to submit data electronically.

Differences Between
Mucosal Atomizer Device (MAD) / Multi-step Intranasal Naloxone and Narcan® Nasal Spray

	MAD/Multi-step Intranasal Naloxone	Narcan® Nasal Spray
		
Assembly required	Yes	No
Training Implications	Show trainees how the intranasal naloxone kit is assembled and explain the method of administration. Have trainees practice assembling the kit.	**Narcan® Nasal Spray requires no assembly. It is important that the device remain in its blister pack and is not primed or tested until it is used.**
Method of administration	Remove the yellow caps from the plastic barrel and twist on the white atomizer. Remove the purple caps from glass vial of naloxone and twist it into the back of the plastic barrel. Insert the tip of the atomizer into one nostril and spray ½ of the dose. Spray the other ½ of the dose into the other nostril. After 2- 3 minutes if there is no or minimal response, repeat with second dose.	Peel back the packaging to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle. Do NOT press the plunger. Place and hold the tip of the nozzle in either nostril. Once the tip is in the nostril, press the plunger firmly to release the dose into the person's nose. After 2- 3 minutes if there is no or minimal response, repeat with second device into other nostril.
Can you control how much naloxone is dispensed/adjust the dose at one time?	Yes. All or a small amount of the dose can be released by pushing the end of vial into the barrel	No. The entire dose is released when the plunger is pushed (product cannot be tested)
Strength per dose	2 mg/2ml	4 mg/.1ml
Doses to pack in each kit	Two, 2 mg/2ml	Two, 4 mg/.1ml