



# PEDIATRIC ALTERED MENTAL STATUS



## Escambia County, Florida - ALS/BLS Medical Protocol

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Common signs of altered mental status in pediatric patients include: combative behavior, decreased responsiveness, lethargy, weak cry, moaning, hypotonia, ataxia, and changes in personality.

Initial approach should be based on the assumption that the patient is suffering from hypoxia, hypoglycemia or dehydration.

Secondary considerations should include toxic exposures, medications, illicit drugs, plants, trauma, etc.

### Supportive Care

1. [Medical Supportive Care Protocol](#), consider need for spinal immobilization.
2. Consider need for ventilatory assistance.

### ALS Level 1

3. If child remains unresponsive and **prolonged** ventilatory assistance is needed, consider need for [intubation](#) for airway protection (a).
4. Perform [glucose test](#) with finger stick. If glucose is below 60 mg/dL, administer: if <8 years: D25 2 ml/kg IV/IO; if >8 years: D50 1 ml/kg IV/IO (b).
5. If mental status is depressed and signs of dehydration exist, administer fluid challenge of Normal Saline @ 20 ml/kg IV.
6. If mental status and respiratory effort is depressed, administer [Naloxone](#) (Narcan) 0.1 mg/kg (maximum 2 mg) IV/IO/IM. May repeat every 5 minutes PRN.



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### ALS Level 2 (*Physician Authorization Required*)

None

### Notes

- (a) Use appropriate discretion regarding immediate intubation of pediatric patients who may quickly regain consciousness, such as hypoglycemics after D25 or opiate overdose cases after Naloxone. Immediate and brief ventilatory assistance should be with BVM.
  
- (b) To avoid infiltration and resultant tissue necrosis, Dextrose 25% should be given slow IV with intermittent aspiration of IV/IO line to confirm IV/IO patency followed by saline flush.



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