



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
PEDIATRIC

BH-P-065
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Org. Date: 4/01/2013
Revise Date: 10/01/2017

ALTERED MENTAL STATUS - PEDIATRIC

BASE GUIDELINES	ALS STANDING ORDER
<p>1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.</p> <p>2. Diabetic ketoacidosis (diabetic coma) can present as altered mental status in the pediatric population, if suspected initiate fluid challenge of 20 mL/kg.</p> <p>3. If respiratory depression (respiratory rate less than or equal to 12 minute), may repeat:</p> <ul style="list-style-type: none">▶ <i>Naloxone (Narcan ®):</i><ul style="list-style-type: none">▪ 0.1 mg/kg IN or IM, may repeat every 3 minutes as needed (maximum single dose 1 mg).▪ 0.1 mg/kg IV, every 3 minutes as needed (maximum single dose 1 mg). <p>4. There are multiple potential causes for altered mental status in children, consider these potential etiologies in the field setting:</p> <p>Hypoxia Hypoglycemia Occult injury (particularly closed head injury) Sepsis with poor cerebral perfusion Poisoning (medications or other toxins) Anaphylaxis with poor cerebral perfusion Carbon monoxide toxicity Hypovolemia due to fluid loss (such as vomiting/diarrhea) Seizure, atypical Menigitis/encephalitis</p>	<p>1. Cardiac monitor and document rhythm with rhythm strip.</p> <p>2. Pulse oximetry, if room air oxygen saturation less than 95%: ▶ <i>High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated.</i></p> <p>3. Protect airway, assist ventilation with BVM as required.</p> <p>4. For signs of poor perfusion or hypotension (BP systolic less than 80):</p> <ul style="list-style-type: none">▶ <i>Establish IV access</i>▶ <i>Infuse 20 mL/kg Normal Saline bolus (maximum 250 mL); may repeat twice to maintain perfusion.</i> <p>5. Blood glucose analysis, if blood glucose equal to or less than 60, administer one of following:</p> <ul style="list-style-type: none">▶ <i>Oral glucose preparation, if tolerated and airway reflexes are intact.</i>▶ <i>10% Dextrose 5 mL/kg IV (maximum 200 mL)</i>▶ <i>Glucagon 0.5 mg IM if unable to establish IV.</i> <p><i>Note : IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 60, unable to establish IV and there is no response to IM glucagon.</i></p> <p>6. If respiratory depression (respiratory rate less than or equal to 12 minute) and narcotic toxicity suspected, give:</p> <ul style="list-style-type: none">▶ <i>Naloxone (Narcan ®):</i><ul style="list-style-type: none">▪ 0.1 mg/kg IN or IM (maximum 1 mg), may repeat every 3 minutes as needed.▪ 0.1 mg/kg IV (maximum 1 mg), every 3 minutes as needed.▪ 4 mg/0.1 mL preloaded nasal spray IN <p>7. Reassess and document response to each treatment.</p> <p>8. ALS escort to nearest appropriate ERC, contact Base Hospital as needed.</p>

Approved:

Reviewed:4/2013, 9/2017
Final Date for Implementation: Oct. 1, 2017
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