

# Altered Mental Status

## Potential Causes & Corresponding Protocol

Alcohol	→	Drug Overdose
Epilepsy	→	Seizure
Insulin	→	Diabetic Emergency
Opiates	→	Drug Overdose
Uremia	→	N/A (dialysis needed)
Trauma	→	Traumatic Cardiac Arrest Traumatic Shock Head Injury
Temperature	→	Hypo-/Hyperthermia
Infection	→	Shock
Psychosis	→	Hyperactive Delirium with Severe Agitation
Stroke	→	Stroke
Seizure	→	Seizure

Routine Medical Care  
(including CO<sub>2</sub> & temperature)

Upper airway or  
respiratory compromise?

Yes

**Airway Management protocol(s)**

No

Signs of opiate/opioid  
overdose?

Yes

**Drug Overdose protocol**

No

Signs of shock?<sup>1</sup>

Yes

**Shock protocol**

No

Obvious signs of trauma?

Yes

**Routine Trauma Care &  
appropriate Trauma protocol**

No

Capillary Blood Glucose  
(CBG) < 60 mg/dl

Yes

**Diabetic Emergency protocol**

No

History of agitation or  
erratic behavior?

Yes

**Hyperactive Delirium with Severe  
Agitation protocol**

No

Recent or current  
seizure activity?

Yes

**Seizure protocol**

No

Positive Cincinnati  
Prehospital Stroke Scale?

Yes

**Stroke protocol**

No

**Consider other causes of AMS:**  
e.x. encephalopathy, dysrhythmia, hypoxia,  
hypercapnea, CO poisoning, toxicology

**Contact Medical  
Control for  
additional orders or  
consultation**

Consider restraints  
(chemical and/or physical)  
**EARLY**  
for the safety of the patient  
and the provider

<sup>1</sup>**Shock** is defined as impaired  
tissue perfusion and may be  
manifested by any of the  
following:

- Altered mental status
- Tachycardia
- Poor skin perfusion
- Low blood pressure

Maintain a high index of  
suspicion. Traditional signs of  
shock may be absent early in  
the process.