

Pediatric Altered Mental Status

Differential Diagnosis

A Alcohol, Anemia, Anaphylaxis
E Epilepsy, Electrolytes, Encephalopathy
I Insulin, Inborn Errors, Intussusception
O Oxygen, Opiates
U Uremia
T Trauma, Tumor, Temperature
I Infection, Ingestion
P Poison, psychiatric
S Shock, Space occupying lesion

How to make:

D25: remove/discard 25ml of D50 from ampule & replace with 25ml of NaCl

D10: remove/discard 40ml of D50 and replace with 40ml of NaCl

Routine Trauma Care & appropriate Trauma protocol

General Signs of Shock¹

- Altered mental status
- Delayed/flash capillary refill
- Weak or decreased pulses
- Tachycardia*
- Elevated RR
- Hypoxemia
- Hypotension for age
- Decreased urine output

sometimes tachycardia is the only symptom

Normal SBP = 70 + (age in yrs x 2)

Routine Medical Care
(including CO₂ & temperature)

Upper airway or respiratory compromise?

Yes

• Give **Oxygen** via NRB mask or BVM
 • Go to appropriate **Pediatric Upper or Lower Airway Obstruction** protocol

No

Bradycardia if < 8 yo?

Yes

Pediatric Bradycardia protocol

No

Suspicion of opiate/opioid ingestion?

Yes

Give **Naloxone** 0.1mg/kg (max 2mg) q3min IV/IO/IN – titrate prn

No

Signs of shock?¹

Yes

Pediatric Shock protocol

No

Obvious signs of trauma?

Yes

No

Capillary Blood Glucose (CBG) < 60 mg/dl?
(<40 mg/dl if newborn)

Yes

Dextrose 50% 1ml/kg IV/IO age >8
Dextrose 25% 2ml/kg IV/IO age 1-7yo
Dextrose 10% 5ml/kg IV/IO age <1 yo
***If unable to obtain IV/IO access, Glucagon** 0.5mg IM if <20kg or 5 yo
 1 mg IM if >20kg or 5 yo

No

Recent or current seizure activity?

Yes

Pediatric Seizure protocol

No

Positive Cincinnati Prehospital Stroke Scale?

Yes

Adult Stroke protocol

No

Consider other causes of AMS:
 e.x. encephalopathy, CO poisoning, anaphylaxis, psychiatric

Contact Medical Control for additional orders or consultation

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Revised January 2025

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