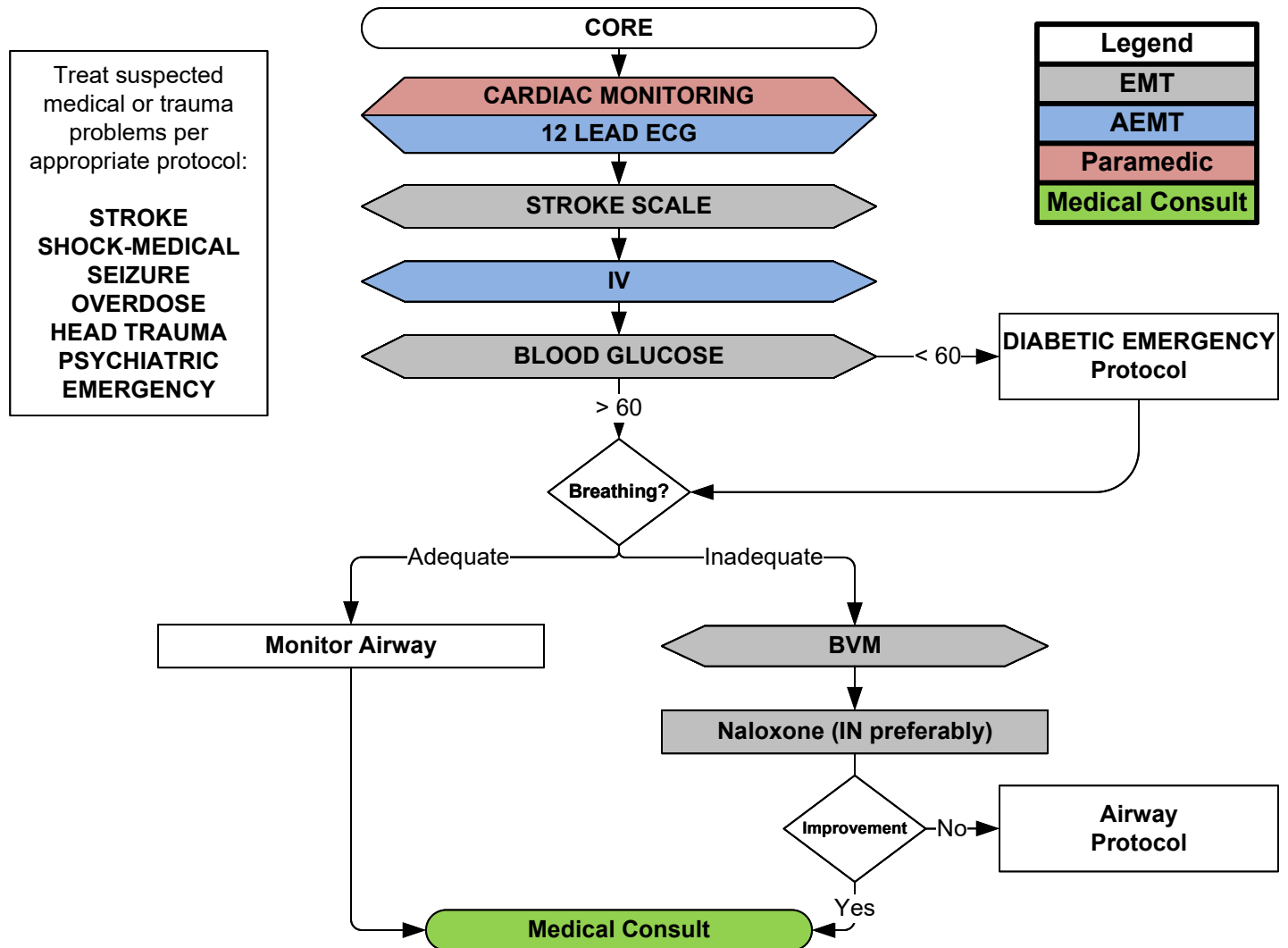


ALTERED MENTAL STATUS

History: - Diabetes - Substance ingested, route, quantity - Time of ingestion - Reason (suicidal, accidental, criminal) - Trauma - Available medications in home - SAMPLE	Signs and Symptoms: - Mental status changes - Hypotension / hypertension - Decreased respiratory rate - Tachycardia, dysrhythmias - Seizures or Focal motor or sensory deficit - Nausea, vomiting, abdominal pain, defecation - Hypoxia/CO₂ retention	Differential: - Diabetes (hyper / hypoglycemia) - Head trauma - CNS (stroke, tumor, seizure, infection) - Cardiac (MI, CHF) - Infection - Thyroid (hyper / hypo) - Shock (septic, metabolic, traumatic) - Toxicologic - Acidosis / Alkalosis - Environmental exposure - Respiratory-Hypoxia, CO, CO₂ retention - Psychiatric disorder
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Pearls:

- Adequate breathing is defined as an acceptable rate and depth of breathing (chest rise and fall).
- Naloxone is preferentially administered intranasally even in the presence of established venous access. Side effects such as nausea, vomiting and combativeness are significantly decreased with IN administration.
- AMS may be early sign of hypoxia/CO₂ retention. Monitoring ETCO₂ will be helpful with determination.
- Consider mnemonic AEIOU-TIPS.
- Consider CO poisoning
- Naloxone will be given ONLY for possible opiate overdose or unknown cause of mental status changes.
- Because an intubated patient has a definitive airway in place, and because naloxone administration may cause combativeness and vomiting as the patient becomes aroused, hold naloxone in order to maintain effective airway management.
- Contact Poison Control if necessary via recorded line speed dial # 5040.