ACUTE ALTERED LEVEL OF CONSCIOUSNESS (A20)

Characterized by a Glasgow coma score of < 15 or change from baseline mental status, confusion, and unresponsiveness.

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
12 LEAD EKG: consider.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
TEST FOR GLUCOSE		X	X	X	
ORAL GLUCOSE: consider administering oral glucose to patients who are awake and have an intact gag reflex.	X	X	X	X	
D10: infuse 100 mL IV/IO if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post infusion. If blood glucose < 70 mg/dL infuse remaining 150 mL.				X	
NALOXONE: one spray pre-packaged IN (typically 2 – 4 mg) for respiratory depression. If opioid overdose is suspected, may repeat every 2 – 3 minutes in alternating nostrils, to a total of 10 mg. Consider alternate cause of obtundation/respiratory depression if ineffective.		X	X	X	
NALOXONE: 0.4 - 2 mg IV/IO/IM for respiratory depression. If opioid overdose is suspected, may repeat in 0.4 - 2 mg increments to a total of 12 mg.				X	

RULE OUT

A- Alcohol
E- Epilepsy
I- Infection
O- Overdose/Underdose
U- Uremia

T- Trauma/Toxins
I- Insulin
P- Psychosis
S- Stroke