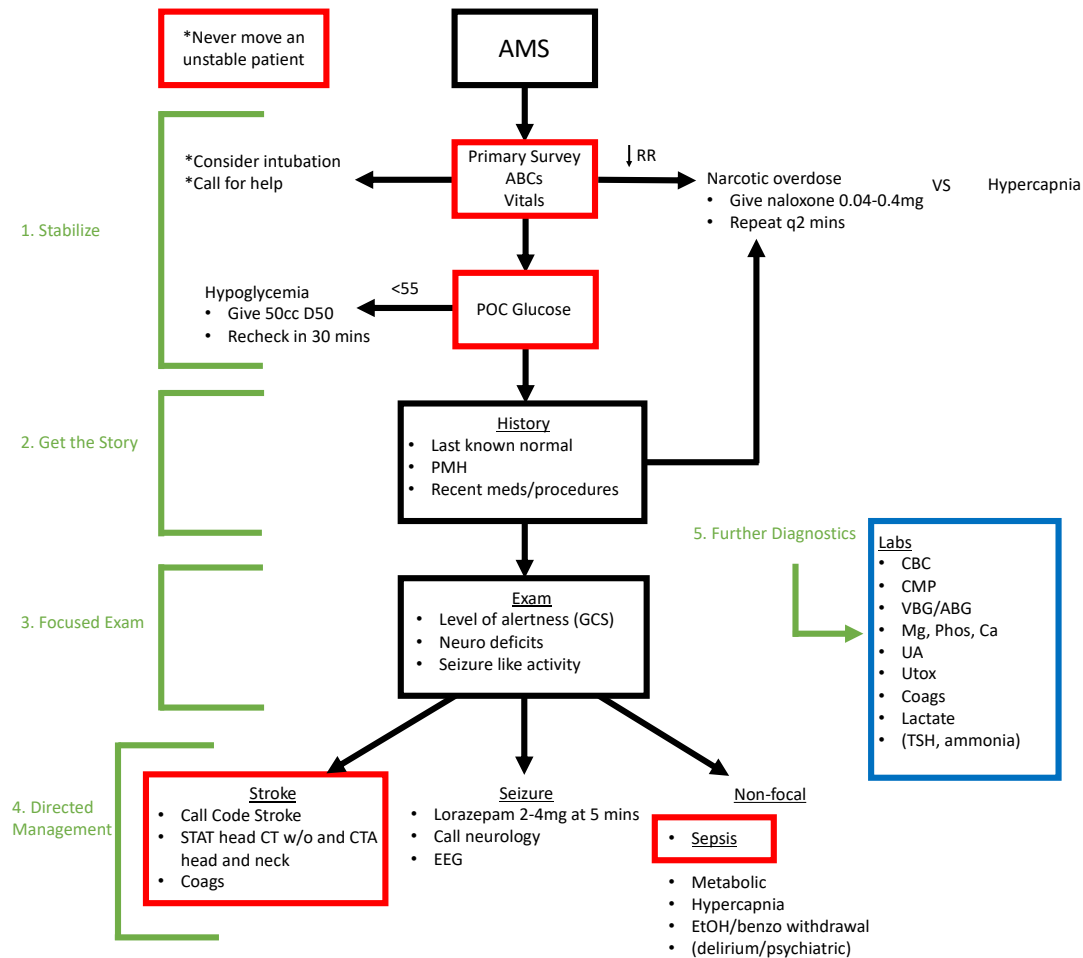


Approach to Acute Altered Mental Status

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Color key:

Green: Key management steps

Red: Critical, time-sensitive actions

Blue: Less urgent actions

1. Stabilize

- Perform a primary assessment.
- The brain requires oxygen, blood, and glucose: always immediately assess and address the patient's **airway, breathing, circulation, and blood glucose**.
- Confirm **CODE STATUS**—this might change how you approach initial stabilization.
- Assess the need for additional help and resources such as other team members or emergency response teams—consider calling anesthesia at this point if any concern for airway or breathing.

- If respiratory rate is decreased, consider narcotic overdose. Treat with naloxone 0.04-0.4mg depending on stability. If patient does not respond, the dose may need to be repeated or increased. Treat to appropriate respiratory rate not mental status.

2. Get the Story

- Collect a brief history including last known normal, past medical history, and any recent medication (with a focus on sedating medications) or procedures.
- If patient recently received narcotics, consider treating with naloxone.

3. Focused Exam

- Physical exam should be focused: assess level of consciousness—GCS scale can help with this assessment.
- Assess for neurologic deficits or any seizure like activity.

4. Directed Management

- Some diagnoses require immediate action detailed below:
 - Neurologic deficits: **Stroke**—this is an emergency, activate your institution’s stroke pathway.
 - Order STAT CT head without contrast (+/- CTA head and neck).
 - Check INR/PT/PTT in preparation for possible tPA.
 - Seizure-like activity: **Seizure**—assure patient is safely positioned in bed.
 - Make note of seizure start time.
 - Prepare lorazepam. Administer 2-4mg if patient is still seizing at 5 minutes.
 - Call neurology, consider 2nd line seizure medications, and order an EEG.
 - Non-focal: **Sepsis**—requires immediate action and is a common cause of altered mental status that should always be considered. Other, less urgent differential diagnoses are listed in the flow chart.
 - Consider giving 30cc/kg IV fluids.
 - Order blood cultures and lactate.
 - Start broad spectrum antibiotics within one hour.

5. Further Diagnostics

- Further diagnostics are not as time sensitive as the initial management discussed above. This step should only be addressed after the patient has been stabilized with steps 1-4.
- Suggested diagnostic tests are listed in the chart, but there will be time to consult other team members or resources for this step.

Pearls:

1. Always assess and address immediate stability of a patient with acute altered mental status including airway, breathing, and circulation.
2. Involve the appropriate resources such as a rapid response team early.
3. Point of care glucose should be immediately checked in any altered patient.
4. Always consider sepsis in the differential as it is a common cause of altered mental status that requires urgent management.
5. Never move an unstable patient.