

ALTERED MENTAL STATUS	
ADULT	PEDIATRIC (≤34KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Evaluate and treat for possible cause, see notes • Assist with self-administration of Oral Glucose in the awake patient with suspicion of diabetic reaction 	Same as Adult
BLS Optional	
Pulse Oximetry – O ₂ administration per Airway Management Protocol #602	
ALS Standing Orders	
<p style="text-align: center;">With Blood Glucose < 60 mg/dL</p> <p>Stable</p> <ul style="list-style-type: none"> • Oral Glucose 15 Gm assist with self-administration, repeat as needed <p>Unstable</p> <ul style="list-style-type: none"> • Dextrose 50% 25 Gm (50 mL) slow IV Or • Glucagon 1 mg IM if unable to establish IV after 2 attempts 	<p style="text-align: center;">With Blood Glucose < 60 mg/dL (Newborn < 40 mg/dL)</p> <p>Stable – Same as adult</p> <p>Unstable</p> <ul style="list-style-type: none"> • Dextrose 25% 0.5 Gm/kg (2 mL/kg) slow IV (see dilution preparation below) Or • Glucagon 0.1 mg/kg IM not to exceed 1 mg if unable to establish IV after 2 attempts
Base Hospital Orders Only	
<ul style="list-style-type: none"> • As needed 	<ul style="list-style-type: none"> • As needed
Notes	
<ul style="list-style-type: none"> • Assisting a patient with Oral Glucose requires they be awake, able to swallow, and follow commands • Pediatric dilution of Dextrose 50% when 25% pre-package is unavailable <ul style="list-style-type: none"> ○ Use a 250 mL bag NS and remove/discard 200 mL of NS ○ Add 50 mL of Dextrose 50% ○ Verify total bag volume = 100 mL ○ This concentration is now approximately 0.25 Gm/mL or 25% Dextrose • Evaluate for possible causes and refer to appropriate treatment protocol: <ul style="list-style-type: none"> ○ A – alcohol ○ E – epilepsy ○ I – insulin ○ O – overdose/low oxygen (hypoxia) ○ U – uremia ○ T – trauma ○ I – infection ○ P – psychiatric ○ S – stroke 	