# PG03 Pediatric Altered Mental Status

## **Objectives:**

- To assess and appropriately treat pediatric patients with altered mental status
- To determine the underlying cause of altered mental status in the pediatric patient

### **General Information:**

- Causes of Altered Mental Status may be remembered with the acronym AEIOU-TIPS
  - a) Alcohol or acidosis
  - b) Epilepsy (seizure), Electrolytes
  - c) Infection
  - d) Overdose
  - e) Uremia
  - f) Trauma, Temperature (hypo/hyperthermia, fever)
  - g) Insulin (hypo/hyperglycemia)
  - h) Psychosis, Poison
  - i) Shock (hypoperfusion), Stroke (CVA), Subarachnoid Hemorrhage
- Left lateral recumbent or semi-fowler's position is preferred for transport if spinal injury is not suspected
- Some conditions that can cause Altered Mental Status cannot be treated in the field. If providers
  cannot quickly identify a condition that can be treated pre-hospital, they should contact medical control
  and transport the patient urgently
- Children with a history of sickle cell disease have a higher risk of stroke



# Warnings/Alerts:

- Patients with Altered Level of Consciousness are at high risk for airway compromise
  - a) Example: vomiting, gurgling, drooling, snoring, change in breathing pattern, change in head position
- The airway should be continuously monitored for patency

### **OMD Notes:**

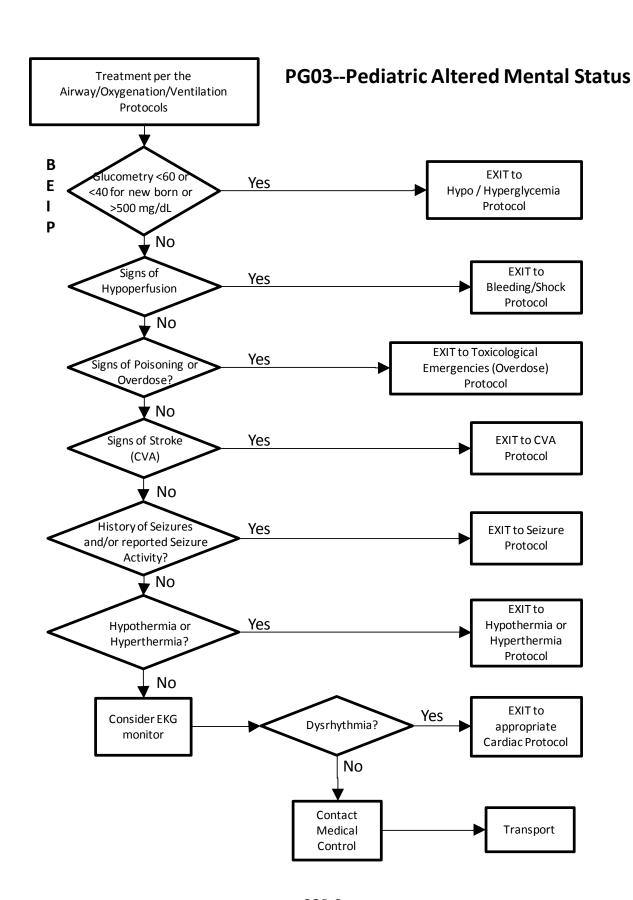
#### References:

- Mosby's Paramedic Textbook, 3<sup>rd</sup> Edition, 2007 pg 284, 452
- American Stroke Association

## **Performance Indicators:**

Documented Cause (if known) Treatment Provided Glucometer Reading

Response to Treatment



**SOP Center**