

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:

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References:

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

Performance Indicators:

Documented Cause (if known)	Treatment Provided	Response to Treatment
Glucometer Reading		

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