



Oakland County Medical Control Authority
OBSTETRICS AND PEDIATRICS
PEDIATRIC ALTERED MENTAL STATUS






Initial Date: 8/31/2023

Revised Date:

Section: 4-4

Pediatric Altered Mental Status

The purpose of this protocol is to provide for the assessment and treatment of pediatric patients with altered mental status of unknown etiology such as alcohol, trauma, poisonings, seizures, behavioral problems, stroke, environmental causes, infection, etc.

- For pediatrics less than < 24 hours old – refer to **4.3 Newborn/Neonatal Assessment and Resuscitation-Treatment Protocol**
- For critically ill patients refer to **4.9 Pediatric Crashing Patient/Impending Arrest-Treatment Protocol**
- 1. Follow **1.1 General Pre-hospital Care-Treatment Protocol**.
- 2. Pediatric patients (≤ 14 years) utilize MI MEDIC cards for appropriate medication dosage. When unavailable utilize pediatric dosing listed within protocol
- 3. Restrain patient, if necessary, refer to **7.16 Patient Restraint-Procedure Protocol**.
- 4. Ensure adequate oxygenation, ventilation, and work of breathing
 -  A. Monitor SpO₂
 -  B. Consider use of capnography
-  5. Check blood glucose (may be MFR skill, see **7.21 Blood Glucose Testing-Procedure Protocol**)
- 6. Check temperature if febrile go to **4.6 Pediatric Fever-Treatment Protocol**
-  7. Start IV/IO if needed per **7.23 Vascular Access & IV Therapy-Procedure Protocol**
- 8. Check blood sugar, if high or low refer to **Protocol 1.100 Diabetic Emergencies**.
- 9. If patient respiratory depression persists and/or patient has not regained consciousness despite adequate oxygenation and ventilatory support administer **naloxone** per **1.9 Opioid Overdose Treatment and Prevention-Treatment Protocol**
-  10. Contact Medical Control for repeat **naloxone**.

Medication References

Dextrose

Glucagon

Naloxone

Protocol Source/Reference: Michigan 4.4 Pediatric Altered Mental Status; Version 5/24/23.