Altered Mental Status

Nursing Orders
- Fingerstick blood sugar
- Urinary straight catheterization
- Foley catheter insertion (urojet)

Laboratory
- Complete blood cell count with automated white blood cell differential
- Basic metabolic panel
- Comprehensive metabolic panel
- Cardiac Panel
- Hepatic Panel
- Magnesium serum
- Lactate serum
- Ammonia (NH3)
- Urinalysis (UA) with microscopy
- Urine drug screen
- Pregnancy test, urine, point-of-care measurement
- Blood cultures times 2
- Urine culture
- Salicylate level
- TSH
- CSF studies (tube 1:C&S and gram stain; tube 2 protein and glucose, tube 3 cell count and diff tube 4 hold)

Diagnostic Tests
- 12-lead ECG
- Radiograph, chest, 1 view
- Radiograph, chest, 2 views
- CT of the head without contrast

Respiratory
- Administer oxygen to maintain O2 sat at greater to or equal to 90%.

IV Fluids
- If suspect hepatic insufficiency, avoid LR.
- Saline lock
- Sodium Chloride 0.9% @ ____ mL/hr.
- Lactated Ringers Solution @ ____ mL/hr.
- Bolus

Hyperglycemics
- Hypoglycemia is defined by the ADA as a blood glucose less than 70 mg/dl. CNS is usually impaired with blood glucose less than 50 mg/dl.
- Sucrose (decorative cake frosting) is readily absorbed through the oral mucosa.
- glucagon/GLUCAGEN 1 mg IM
- D50W 1 amp IV push
- Candy bar

Sedatives Source
- There is no overwhelming evidence favoring one medication over another in the agitated patient. If the patient can be safely approached, verbal intervention should be first line and in a dark, quiet room if possible. If medication is needed, the oral route is preferred if deemed possible by the attending physician.
- LORazepam /ATIVAN 0.5 to 2 mg po/SL every ___ 4 ___ 6 hours as needed for

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agitation

- LOrazepam /ATIVAN 1-2 mg IM/IV every ___ 4 ___ 6 hours as needed for agitation
- haloperidol /HALDOL 2.5 mg PO/IV/IM every ___ 4 ___ 6 hours as needed for agitation, max of 35 mg over 24 hours
- droperidol /INAPSINE 2.5 mg PO/IM/IV for agitation every ___4 hr. ___6 hr prn Source
- ziprasidone /GEODON 20 mg IM q4h prn for agitation, max of 40mg over 24 hours Source
- olanzapine/ZYPREXA 5 mg IM X 1 for agitation, repeat in 2 hr and 6 hr prn for agitation (max of 30 mg/24 hr) Source
- risperidone /RISPERDOL 0.5 mg orally every 12 hours

Parenteral Anti-Hypertensive (hypertensive encephalopathy)
- Source
  - Sodium nitroprusside/NIPRIDE _____ micrograms/kg/min as IV infusion and titrate to a SBP of_______mm Hg or maximum dose of 10 mcg/kg/min for 10 minutes and add 1 g sodium thiosulfate per 100 mg of nitroprusside. (caution high intracranial pressure, azotemia, or hepatic insufficiency.) Source
  - Nicardipine hydrochloride/CARDENE ____mg/IV over 1 hour (5 - 15) then infusion to titrate to SBP of_______mm Hg or maximum of 5 mg/h IV (avoid in heart failure and caution with ACS)
  - Fenoldopam mesylate/CORLOPAM ___ mcg/kg/min (0.1 - 0.3 micrograms/kg per min) IV infusion titrate by 0.05-0.1 mcg/kg/min q15 min to SBP of ____mm Hg or maximum of 1.6mcg/kg/min. (caution with glaucoma)
  - Nitroglycerin/TRIDIL 5 mcg/min and titrate to SBP of ____mmHg or maximum of 200 micrograms/min as IV infusion.
  - Enalaprilat/VASOTEC IV ___mg (1.25 - 5mg) every 6 hours IV hold if SBP less than or equal to ___mm Hg. (caution in acute MI)
  - labetolol hydrochloride/NORMODYNE ___mg (20 - 80 mg) IV bolus every 10 minutes to a SBP of ____mm Hg or maximum of 300 mg/day.
  - labetolol hydrochloride/NORMODYNE ___mg/min (0.5 - 2 mg/min IV infusion and titrate to a SBP of ____mm Hg.
  - Esmolol hydrochloride/BREVIVLOC ___ (250-500) micrograms/kg/min for 1 minute, then 50 micrograms/kg/min by infusion for 4 minutes; may repeat bolus after 5 min and increase infusion by 50 mcg/kg/min and this cycle may be repeated a total of 4 times if needed to achieve a SBP of ____mmHg. (Note that an infusion of 300 mcg/kg/min may be needed) (specifically indicated for aortic dissection, perioperative)
  - phentolamine/REGITINE ___ mg/min (5-15 mg) IV bolus q5min and titrate to a SBP of ____mm Hg. (specifically indicated for catecholamine excess)
  - phentolamine/REGITINE infusion___mg/min (0.2-0.5 mg/min) and titrate to a SBP of ____mm Hg. (specifically indicated for catecholamine excess)

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