

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
EMT – Basic**

**SMO: Pediatric Altered Mental Status**

**Overview:** Performing a neurologic examination on an infant or child is more difficult than examining an adult. Pediatric patients often cannot or will not cooperate with the examiner. Parents and guardians are good sources of information as to whether the infant or child’s reaction to verbal or tactile stimuli is baseline or changed.

**INFORMATION NEEDED**

- Change in mental status: baseline status, onset and progression of altered state, antecedent symptoms such as fever, respiratory distress, headache, seizures, confusion, trauma, fluid/food intake/output etc.
- Medical history: psychiatric and medical problems, medications, and allergies
- Surroundings: pill bottles, syringes, insulin, alcohol containers, etc.

**OBJECTIVE FINDINGS**

- Appearance: “TICLS” (tone, interactiveness, consolability, look/gaze, speech/cry)
- LOC and neurological assessment (remember to gauge neurologic functioning by appropriate response for age; parents and guardians are good sources of information as to whether the infant or child’s reaction to verbal or tactile stimuli is baseline)
- Signs of trauma
- Pupil size, equality and reactivity
- Medical information bracelets or medallions
- Blood glucose level
- Vital signs and temperature

**TREATMENT**

**KNOWN OR SUSPECTED HYPOGLYCEMIA**

- If rapid blood glucose test shows glucose less than 60 mg/dl for child ; less than 40 mg/dl for newborn (see PRECAUTIONS AND COMMENTS) treat with:
  - **Glucose paste** or other **oral glucose** administration if patient is able to maintain their airway and follow commands
  - **Glucagon** 0.1 mg/kg IM (max dose 1 mg) if patient is **unable** to maintain their airway and follow commands
- Routine Medical Care

**UNKNOWN CAUSE**

- Field primary survey, ensure protective position or need for C- Spine precautions
- Ensure ABC’s, oxygenation, ventilation, and suction prn
- Oxygen by blow-by, mask, or high flow prn, assist ventilations with BVM prn
- Routine Medical Care

**Documentation of adherence to protocol:**

- Blood glucose documented
- Glucose given if BG is less than 60 mg/dl
- Oxygen administered

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

## **PRECAUTIONS AND COMMENTS**

- Blood glucose: consider **oral glucose or Glucagon** for any child with an altered level of consciousness and blood glucose test of less than 80 mg/dl; and consider not treating a normal child with blood glucose above 60 mg/dl.
- Be attentive for excessive oral secretions, vomiting, and inadequate tidal volume.
- Consider suspected child maltreatment and/or occult head trauma in patients with seizures and utilize pediatric trauma treatment protocols. Be aware of child maltreatment reporting requirements in these cases.

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
EMT – Paramedic**

**SMO: Pediatric Altered Mental Status**

**Overview:** Performing a neurologic examination on an infant or child is more difficult than examining an adult. Pediatric patients often cannot or will not cooperate with the examiner. Parents and guardians are good sources of information as to whether the infant or child’s reaction to verbal or tactile stimuli is baseline or changed.

**INFORMATION NEEDED**

- Change in mental status: baseline status, onset and progression of altered state, antecedent symptoms such as fever, respiratory distress, headache, seizures, confusion, trauma, fluid/food intake/output etc.
- Medical history: psychiatric and medical problems, medications, and allergies
- Surroundings: pill bottles, syringes, insulin, alcohol containers, etc.

**OBJECTIVE FINDINGS**

- Appearance: “TICLS” (tone, interactiveness, consolability, look/gaze, speech/cry)
- LOC and neurological assessment (remember to gauge neurologic functioning by appropriate response for age; parents and guardians are good sources of information as to whether the infant or child’s reaction to verbal or tactile stimuli is baseline)
- Signs of trauma
- Pupil size, equality and reactivity
- Medical information bracelets or medallions
- Blood glucose level
- Vital signs and temperature

**TREATMENT**

**KNOWN OR SUSPECTED HYPOGLYCEMIA**

- Glucose paste** or other **oral glucose** administration if patient is able to maintain their airway and follow commands
- If rapid blood glucose test shows glucose less than 60 mg/dl for child ; less than 40 mg/dl for newborn. (see PRECAUTIONS AND COMMENTS)
- If IV/IO established: **Dextrose**
  - Child greater than 2 yrs: **D50W, 1 ml/kg**
  - Child 1 month to 2 yrs: **D25W, 2 ml/kg:** Mix 1ml of D50W with each 1 ml of NS.
  - Newborn (less than 1 month): **D10W, 1-2 ml/kg:** Mix 1 ml of D50W with 4 ml of NS.
- If no IV access, **Glucagon 0.1 mg/kg IM** (max dose 1 mg)

**UNKNOWN CAUSE**

- Field primary survey, ensure protective position or need for C- Spine precautions
- Ensure ABC's, oxygenation, ventilation, and suction prn
- Oxygen by blow-by, mask, or high flow prn, assist ventilations with BVM prn
- Establish IV or IO access

**Naloxone:**

- Infant or Child up to 5 years old (less than 20 kg): 0.1 mg/kg IV, IM or IO
- Child 5 years and older (greater than 20 kg): 2 mg IV, IM or IO, repeat prn
- Neonates (first 28 days of life): 0.01mg/kg ***Call Medical Control prior to administering to ensure proper dosing in neonate.***

If rapid blood glucose test shows glucose less than 60 mg/dl for child ; less than 40 mg/dl for newborn. (see PRECAUTIONS AND COMMENTS)

**If IV/IO established Dextrose:**

- Child greater than 2 yrs: **D50W, 1 ml/kg**
- Child 1 month to 2 yrs: **D25W, 2 ml/kg:** Mix 1ml of D50W with each 1 ml of NS.
- Newborn (less than 1 month): **D10W, 1-2 ml/kg:** Mix 1 ml of D50W with 4 ml of NS.

If hypotensive, administer fluid bolus 20 ml/kg; Reassess. Repeat to desired systolic BP.

**Documentation of adherence to protocol:**

- Blood glucose documented
- Glucose given if BG is less than 60 mg/dl
- Oxygen administered

<b>Medical Control Contact Criteria</b>
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- |  |
|--|
| <input type="checkbox"/> Call Medical Control prior to administering to ensure proper dosing in neonate. |
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**PRECAUTIONS AND COMMENTS**

- Blood glucose: consider **dextrose** for any child with an altered level of consciousness and blood glucose test of less than 80 mg/dl; and consider not treating a normal child with blood glucose above 60 mg/dl.
- Be attentive for excessive oral secretions, vomiting, and inadequate tidal volume.
- Consider suspected child maltreatment and/or occult head trauma in patients with seizures and utilize pediatric trauma treatment protocols. Be aware of child maltreatment reporting requirements in these cases.