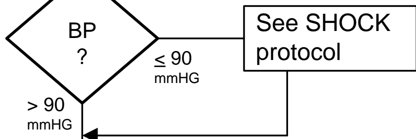
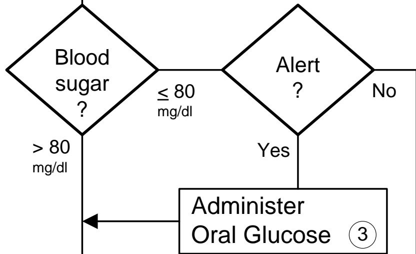
Altered Mental Status
Coma

BLS
Protocol

- Airway open & maintain
  Oxygen 100% NRBmask
  Intubate, prn
- Breathing
  Assist Ventilations, prn
- Circulation

- Transport ASAP
- Detailed Assessment (1) (2)
- Request ALS Backup





- Maintain Airway
- Support Respiratory Effort
- Keep Patient Warm

Possible causes:
- Head Injury
- Diabetes
- Overdose
- Cardiac Arrest
- Seizure
- Hypertension

Document:
- Glasgow Coma Scale
- Blood Sugar
- SpO2
- IV Fluid Totals
- Medical History
- Exam
- Vital Signs
- Cardiac Rhythm

Glasgow Coma Scale

Eye Opening	Spontaneous	4
	To Voice	3
	To Pain	2
	None	1
Best Verbal Response	Oriented	5
	Confused	4
	Inappropriate words	3
	Incomprehensible words	2
	None	1
Best Motor Response	Obeys Commands	6
	Localizes Pain	5
	Withdraws (Pain)	4
	Flexion	3
	Extension	2
	None	1

1 Detailed Assessment: Document Glasgow Coma Scale. Check odor on breath. Look for Medical Alert tags, needle tracks, and evidence of trauma.
2 Observe environment closely for signs of potential overdose.
3 THE PATIENT MUST BE ALERT and have an intact gag reflex before oral Glucose can be administered. Oral Glucose may be given as a glass of sweetened juice or Glucose Oral Paste 12.5 g PO.