My Patient Has Altered Mental Status… Now What Do I Do

1) Initial Assessment

- Check vital signs: assess for shock (hypotension), hypoxemia, or infection (fever)
- Stat fingerstick glucose: if hypoglycemic (FSG < 70), give 1 ampule of D50
- Perform neurologic exam:
  - Focal neurologic findings: **Call for Help!** Consult neurology. Must weigh infection control risks of traveling for brain imaging
  - If history of seizures or exam concerning for non-convulsive status epilepticus (roving eyes): **Call for Help!** Consult neurology for electroencephalogram (EEG)
- Review medications (opiates, sedative/hypnotics), recent events/procedures:

2) Laboratory Studies

- Arterial blood gas to rule out hypercarbia
- Serum electrolytes to assess for hypo/hypernatremia, hypercalcemia, increased BUN
- Serum ammonia level in patients with cirrhosis
- Evaluate for infection with fever and/or leukocytosis:
  - Urinalysis with reflexive culture
  - Blood cultures x 2 (peripheral and central)
  - Chest radiograph
  - Consider respiratory viral panel / COVID-19 (if not already checked)
  - Lumbar puncture generally not indicated as risk of meningitis in hospitalized patients is low unless they underwent a neurosurgical procedure with violation of the dura

3) Consider Head Imaging

- Primary Indications: focal neurologic findings, increased risk of bleeding, sudden onset severe headache, or sudden change in level of consciousness
- Must weigh benefit of imaging with infection control risk of traveling for imaging

4) Management

- Assess ability to protect airway. **Call for Help!** Intubate if airway protection in question
- Suspected opiate overdose: naloxone 0.4 mg IV. May repeat up to 2 mg total
- Discontinue sedating medications
- Consider ventilatory support for patients with hypercarbia not related to opiates
- Address electrolyte disturbances
- Treat identified sources of infection