CONFUSION - ALTERED MENTAL STATUS

A symptom of an acute medical problem (stroke, infection, hypoxia, hypotension, low blood sugar) or of other causes including fever, medications, and mental, emotional or behavior disorders

History:

- Onset of symptoms; sudden (hours to days) or progressive (months to years)
- Concurrent symptoms of signs of infection
- Recent history of confusion
- Medical conditions
- Recent hallucinations
- Change in sleep pattern or sleep deprivation
- Medications; prescriptive and illegal

Assessment:

- Obtain vital signs
  - **SERIOUS FINDINGS**: hypotension, tachypnea, tachycardia
  - Pulse oximetry (if available)
  - Lung sounds
  - Blood glucose (if available)
- Assess for:
  - Airway, breathing and circulation
  - Seizures
  - Level of consciousness and cognition (awake, talking, responds to voice, aroused by pain, answers questions appropriately, follows conversation, able to make decisions regarding personal safety)
  - Level of orientation (person, place, time)
  - Head injury (lumps, abrasions, cuts, and depressions)
  - Behavior

Treatment:

- Place individual in calm location
- Administer nothing by mouth
- Protect the client from injury until EMS arrives

Consideration:

- If an individual suffers from Chronic Dementia and has a family member or caregiver with him/her, confusion can be managed in the shelter as long as the individual is not at risk of personal harm or harm to others

Call EMS:

- Any case of unexplained, sudden or rapid-onset confusion
- Individual suspected of being a risk to themselves or others

Reference
