

Foundations Frameworks

Approach to Altered Mental Status

Author: Quentin Reuter, MD Adapted from a lecture by Corey Slovis, MD Editors: Andrew Ketterer, MD, MA, Kristen Grabow Moore, MD, MEd

1. Vital Sign Abnormalities:

- -Respiratory: hypoxia, hypercapnea
- -Shock: hypotension, tachycardia, bradycardia. warm/well perfused vs. cold and clammy
- -Temperature: sepsis, hyperthermia/hypothermia emergencies



Vital signs stable?

2. Toxicologic/Metabolic:

- -NGT: Naloxone/Glucose/Thiamine ("coma cocktail")
- -CMP: Na, Ca, K, low bicarb (acidosis), LFTs/ammonia, Cr/BUN
- -CBC: DIC/HUS, TTP, severe anemia
- -Endocrine: Hyper/hypothyroidism, adrenal failure
- -Drugs/Toxins: EtOH/sedatives, opioids, sympathomimetics, Tylenol/ASA, CO/cyanide, toxic alcohols, DKA/HUS,
- check the med list for antihistamines, anticholinergics, benzos, opioids, psych meds



Labs sent? No obvious toxidrome? Naloxone/glucose/thiamine considered?

3. Primary Neurologic:

- -Intracranial bleed
- -Seizure: epileptic, non-epileptic SE
- -Stroke/carotid dissection: large vessel occlusion -> neglect, aphasia, eye deviation



Neurologic exam non-focal? Head CT ordered?

4. Infectious:

-Sepsis/bacteremia, meningitis, encephalitis, PNA, UTI, intra-abdominal infection, prostatitis, cellulitis/ necrotizing fasciitis, osteomyelitis, endocarditis



Still no answer?

5. Consider Primary Psychiatric Disease