

presenting with AMS, including those with improving signs, should still be evaluated at a clinic or hospital. Early detection and rapid transport to an emergency care facility are the keys for improving the patient's survival after a stroke.

Patient Management

The overall treatment of patients with an AMS is fairly straightforward and centers on correcting any problems affecting the ABCDs, providing oxygen, giving sugar to an awake diabetic, and rapidly transporting the patient to a definitive care facility (Figure 11-21). As basic as this sounds, strict attention to these management priorities will significantly improve the patient's outcome. Once the patient's ABCDs have been appropriately managed, OEC Technicians may provide specific care, which should include adopting a "load and go" principle for life-threatening conditions.

All patients who exhibit an AMS should receive high-flow oxygen; use a nonrebreather mask for patients with effective, spontaneous respirations, and a bag-valve mask for patients whose respirations are either ineffective or absent. Check the patient's airway frequently, using suction as needed to ensure that it remains patent. Place a nasal or oral airway in the unresponsive patient to keep the airway patent.

Spinal precautions should be taken for all unresponsive patients when the cause is unknown, because trauma may have produced a spine or other neurologic injury. The process for properly immobilizing the spine is presented in Chapter 21, Head and Spine Injuries. All other treatment is symptom based and is provided using the AEIOU-TIPS mnemonic as a guide.

AEIOU-TIPS

To achieve symptom-based management of a patient with an AMS, use the AEIOU-TIPS mnemonic (described next) as a guide.

A—Alcohol and Acidosis. AMS due to alcohol intoxication can be a true emergency, especially if central nervous system function is impaired. Patients who are unconscious and unresponsive and have diminished respirations must be immediately transported to a hospital for evaluation by a physician. During transport, place the patient in the left lateral recumbent position to avoid the aspiration of vomit (Figure 11-22). This



Figure 11-21 Place a responsive patient for which no head or spinal injury is suspected in a supine position with the head and chest elevated.

+ 11-7 Describe and demonstrate the treatment of a patient with altered mental status.



Figure 11-22 The coma position: left lateral recumbence.
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Thus patient 1 is responsive, alert, and oriented, whereas patient 2 is lying on their left side, mumbling with slurred speech and AMS.

MOI appears to be a skiing crash secondary to a medical emergency.

1. Based on your initial findings, you suspect that patient 2 has had a/an _____.
 - a. heart attack.
 - b. stroke.
 - c. seizure.
 - d. hypoglycemic episode.

Remember a medical alert tag discovered during a secondary assessment could identify a patient with a history of diabetes.

2. What mnemonic could you use during the assessment to assess altered mental status? _____.
 - a. SAMPLE
 - b. AVPU
 - c. SLUDGE
 - d. OPQRST
3. An assessment tool available to OEC Technicians for identifying a potential cause of AMS is the _____.
 - a. Cincinnati Prehospital Stroke Scale.
 - b. Boston Diabetic Scale.
 - c. Denver Seizure Scale.
 - d. Chicago Drug Scale.

Treatment for patient 2 includes a call for an ALS transport, documentation of time of onset, high-flow O₂, monitoring of vitals, airway management, and rapid transport.

Suggested Reading

American Diabetes Association Position Statement: Diagnosis and Classification of Diabetes Mellitus. 2008. *Diabetes Care* 31(1): S55–S60.

American Diabetes Association Position Statement: Standards of Medical Care in Diabetes. 2008. *Diabetes Care* 31(1): S12–S54.

Tomky, D. 2005. "Detection, Prevention, and Treatment of Hypoglycemia in the Hospital." *Diabetes Spectrum* 18(1): 39–44.

EXPLORE



Please go to www.myNSPkit.com. Under Student Resources, you will find animations, videos, web links, and games related to this chapter—and much more. Look for information on stroke and seizure disorders.

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