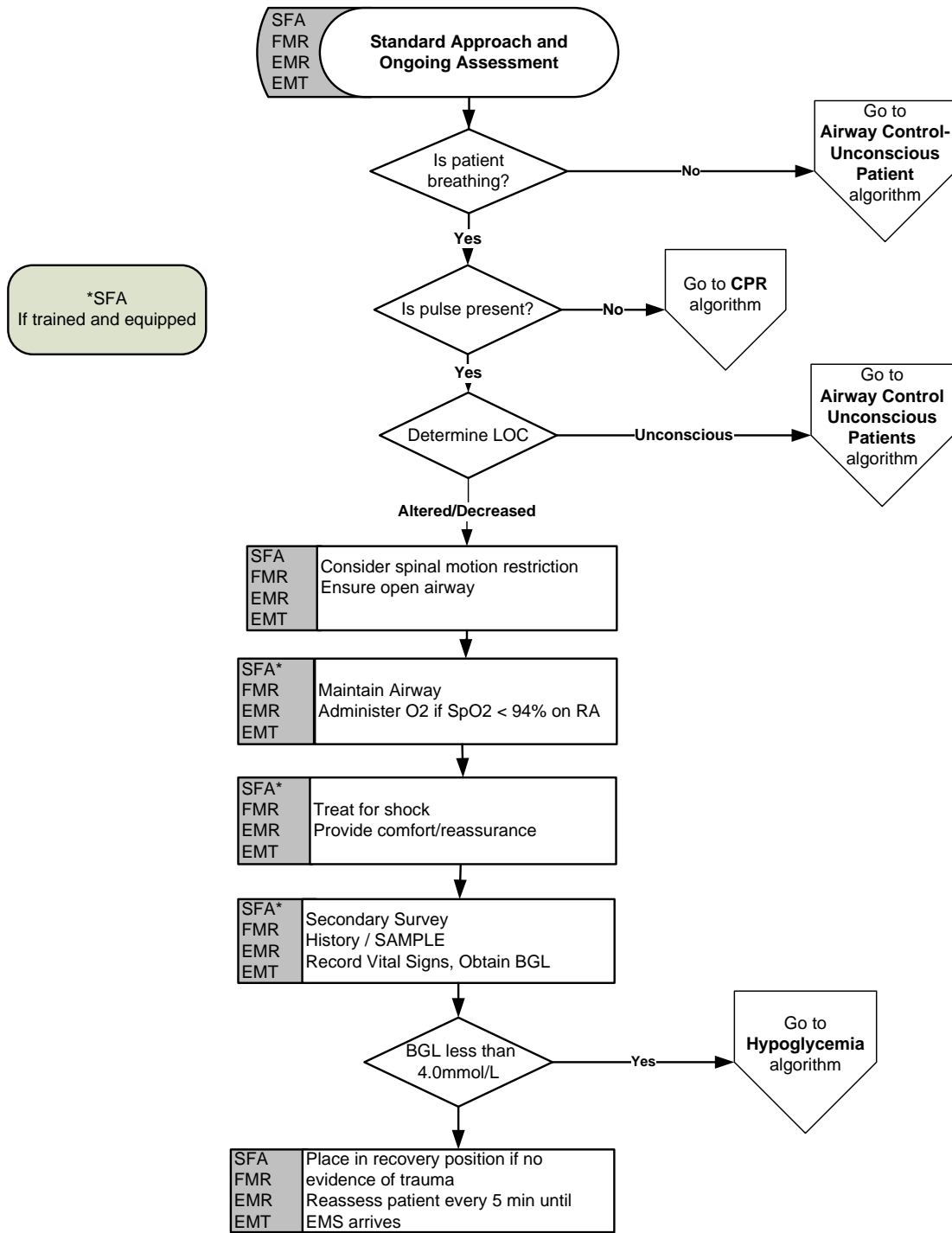


Algorithm 4

Altered Level of Consciousness



airway obstruction and the **OBSTRUCTED AIRWAY** algorithm is referred to at this point.

Altered Level of Consciousness

Consciousness is defined as an awareness of self and the environment.

Of all the central nervous system functions, mental status is the earliest indication of advancing disease.

Changes in a patient's LOC may be extremely subtle, with the patient appearing awake and alert, but disoriented to person, place, time, or event. Patients who appear asleep represent a more obvious alteration of consciousness and should be immediately evaluated for response levels. This includes noting the response to verbal stimuli and tapping the shoulder.

Causes of altered levels of consciousness are many and varied. The mnemonic **AEIOU TIPS** provides a general overview of some common reasons for decreased or altered consciousness and includes:

- **A** Alcohol, ingested drugs, **A**rrhythmias
- **E** Endocrine disorder, **E**pilepsy
- **I** Insulin (too much, too little)
- **O** Overdose, **O**piates, hypoxia "**O**xygen"
- **U** Under dose, **U**remia, (renal problems) hypertension

- **T** Trauma, **T**emperature, **T**umour, **T**oxins
- **I** Infections
- **P** Psychiatric, **P**oison
- **S** Shock, **S**troke, **S**eizures

Management of patients exhibiting an **Altered LOC** includes performing a primary survey with early administration of oxygen (if trained and equipped). Airway control and maintenance, although always a priority, requires continuous monitoring in a patient with diminished LOC.

Anaphylaxis (Algorithm 14)

Etiology

Anaphylaxis is a severe systemic allergic reaction. It is a life-threatening medical emergency requiring immediate treatment.

Clinical Criteria for Diagnosing Anaphylaxis

Anaphylaxis is highly likely when either of the following criteria is fulfilled:

Acute onset of an illness (minutes to several hours) after exposure to a known or suspected allergen and any of the following:

Altered level of consciousness

Medical – Patient Management

Standard Approach and Ongoing Assessment

Follow body substance isolation precautions (PPE).

Are there any **hazards**?

Do you see, hear, or smell anything dangerous?

What is the mechanism of injury or illness?

Are there any **other patients**? (Ask the patient and bystanders, and look around the area.)

Do you need more resources?

C-Spine Control

On approach, tell the patient, “Please do not move until we have checked you for injuries.”

Delegate manual c-spine control while assessing the patient.

C-Spine Control can be ruled out in most medical patients when and if appropriate

Level of Consciousness

AVU (Alert, Verbal, Unresponsive):

- Does the patient **appear** to be **awake and alert**?
- Does the patient respond to **verbal stimulus**?
- Is the patient **unresponsive**?

Alert and Oriented x 4

If the patient is responsive to verbal stimuli, ask the patient his/her name, where he/she is, what day or year it is, and what happened:

- Person
- Place
- Time
- Event

Airway

- Is the airway open and clear?
- Open airway with Head-Tilt, Chin-Lift technique
- Once open, airway must be continually maintained
- Use Jaw-Thrust Manoeuvre if Head-Tilt, Chin-Lift technique unsuccessful or evidence of traumatic injuries or unknown cause of unconsciousness
- Breathing Rate
- Present or absent?

If breathing is absent and pulse is present assist ventilations using a BVM and airway adjunct (OPA or NPA).