

## 2-3 Altered mental status v.1

Signs may include delirium, unconscious, coma, confusion, speech or motor deficit

### START

- 1 **Call for help** (anaesthetist, midwife, obstetrician, +/- medical on-call)
  - ▶ Ask: "who will be the team leader?"
  - ▶ **Team leader assigns** checklist reader and scribe
  - ▶ **Note time**
- 2 **Assess clinical status using ABCDE approach**
  - ▶ Position woman in left lateral (recovery) position
  - ▶ If airway obstructed → perform head tilt/chin lift or jaw thrust
  - ▶ Give oxygen at 15 L/min via reservoir mask, titrate to SpO<sub>2</sub> 95-98%
  - ▶ Start continuous monitoring: SpO<sub>2</sub>, respiratory rate, 3-lead ECG and blood pressure
  - ▶ If airway protection indicated → intubate and ventilate
- 3 **Insert wide-bore IV access, take bloods** for FBC, U+E, LFT, clotting, thyroid function, magnesium, venous blood gas and toxicology
- 4 **Assess circulation**
  - ▶ Conventional therapies to treat hypotension, brady- and tachyarrhythmia
- 5 **Measure blood glucose**
  - ▶ If < 4 mmol/L → (Box A hypoglycaemia)
- 6 **Check for drug related causes of altered consciousness (Box A)**
  - ▶ Prescribed → check prescription
  - ▶ Non-prescribed → send urine for toxicology
- 7 **Check neurology for signs of stroke (Box B)**
- 8 **Check for other differential diagnoses (Box C)**
- 9 **If diagnosis unclear → urgent CT / MRI head scan**
  - ▶ (Liaise with neurologist and radiologist)

#### Box A: Drug doses and treatments

**Hypoglycaemia** (blood glucose < 4 mmol/L)  
 20% dextrose 100 ml over 10 minutes IV then recheck blood glucose  
 If blood glucose < 4 mmol/L → repeat dextrose  
 -or- Glucagon 1 mg IM/IV/SC (once only)

#### Opioid overdose

Naloxone 0.4-2 mg IV/IM/SC, repeat every 3 minutes PRN

#### Benzodiazepine overdose

Flumazenil 0.2 mg IV, repeat PRN

#### Box B: FAST stroke assessment

**F**acial droop    *show me your teeth / smile*  
**A**rm drift        *close your eyes, extend arms palms up for 10 seconds*  
**S**peech            *repeat this after me...*  
**T**ime                *a stroke is an emergency, time critical*  
 Contact nearest **hyperacute stroke unit**  
 Arrange urgent CT / MRI head

#### Box C: Differential diagnosis

Hypoglycaemia → (Box B)  
 Drug overdose → (Box B)  
 Eclampsia → 2.1  
 Severe pre-eclampsia → 2.2  
 Postictal → check epilepsy history  
 Stroke → (Box C)  
 Intracerebral pathology → arrange appropriate imaging  
 Sepsis → check history and examination findings  
 Hypothermia → check temperature  
 Haemorrhage → 2.5 (ante-partum) or 2.6 (post-partum)  
 Local anaesthetic toxicity → 2.8  
 Electrolyte disturbance (e.g., sodium) → 2.9a and 2.9b

#### Box D: Critical changes

Obstetric cardiac arrest → 1-1  
 Eclampsia → 2-1