2-3 Altered mental status v.1.2

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

START

- **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 SpO₂ 95-98%
 - Start continuous monitoring: SpO₂, respiratory rate, 3-lead ECG and blood pressure
 - ► If airway protection indicated → intubate and ventilate
- 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
- **6** Measure blood glucose
 - ► If $< 4 \text{ mmol/L} \rightarrow (Box A hypoglycaemia)$
- 6 Check for drug related causes of altered consciousness (Box A)
 - ▶ Prescribed → check prescription
 - Non- prescribed → send urine for toxicology
- **?** 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

Facial droop show me your teeth / smile

Arm drift close your eyes, extend arms palms up for 10 seconds

Speech repeat this after me....

Time a stroke is an emergency, time critical

Contact nearest hyperacute stroke unit

Arrange urgent CT / MRI head

Box C: Differential diagnosis

Hypoglycaemia → (Box A)

Drug overdose → (Box A)

Eclampsia → 2.1

Severe pre-eclampsia → 2.2

Postictal → check epilepsy history

Stroke \rightarrow (Box B)

Intracerebral pathology → arrange appropriate imaging

Sepsis → check history and examination findings

Hypothermia → check temperature

Haemorrhage → 2.5 (antepartum) or 2.6 (postpartum)

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