



**TITLE**

**ALTERED LEVEL OF CONSCIOUSNESS - ADULT**

**SCOPE**

Provincial: Emergency Departments and Urgent Care Centres

**DOCUMENT #**

HCS-268-01

**APPROVAL AUTHORITY**

Provincial: Emergency Departments and Urgent Care Centres

**INITIAL EFFECTIVE DATE**

July 21, 2020

**SPONSOR**

Vice President, Provincial Clinical Excellence

**REVISION EFFECTIVE DATE**

Not applicable

**PARENT DOCUMENT TITLE, TYPE, AND NUMBER**

Not applicable

**SCHEDULED REVIEW DATE**

July 21, 2023

---

**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact Policy Services at [policy@ahs.ca](mailto:policy@ahs.ca). The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines. Only the electronic version of this document, as hosted on the Policy Services website or [www.ahs.ca](http://www.ahs.ca), is valid.

---

## OBJECTIVES

- This protocol is intended to assist **health care professionals** when initiating specific diagnostics, therapeutics, and interventions for **patients**, prior to the initial Physician or Nurse Practitioner (NP) assessment for those patients who present to the Emergency Department (ED)/Urgent Care Centre (UCC) with an altered level of consciousness (LOC).

## APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

## ELEMENTS

### 1. Points of Emphasis

- 1.1 The health care professional shall notify the Physician or Nurse Practitioner (NP) immediately of any patient that is unstable or presents in obvious distress.
- 1.2 This protocol may be implemented when:
  - a) there is a delay in Physician or NP initial assessment; and
  - b) the patient is in an appropriate location to manage ongoing assessment and reassessment.

- 1.3 When this protocol has been implemented for a patient who subsequently leaves prior to Physician or NP assessment, follow local process, including documentation requirements and patient follow-up of abnormal results.

## 2. Inclusion Criteria

- 2.1 This protocol applies to adult patients presenting with new onset altered level of consciousness.

## 3. Exclusion Criteria

- 3.1 This protocol is not intended for patients presenting with the following:
- a) pediatric patients;
  - b) trauma/head injury;
  - c) acute neurological deficit;
  - d) suspected ingestion/poisoning; and/or
  - e) suspected sepsis (refer to AHS *Suspected Sepsis Assessment and Treatment in the Adult Patient Protocol*).

## 4. Assessment and Treatment

- 4.1 A complete nursing assessment is required including Provocation, Quality, Radiation, Severity, and Time (PQRST) assessment of the pain and associated symptoms. Obtain a full set of neurological vital signs (BP, HR, RR, temperature, oxygen saturation, Glasgow Coma Scale, pupils, motor power and sensation). (Refer to AHS *Assessment and Reassessment of Patients* Guideline [ESCN]).
- 4.2 Perform a Point of Care (POCT) blood glucose measurement. If blood glucose is less than 4 mmols/litre or greater than 18 mmols/litre, notify ED Physician or NP and refer to AHS *Glycemic Management Policy Suite* for appropriate management.
- 4.3 Oxygen therapy:
- a) Routine administration of oxygen may be harmful. Do not administer supplemental oxygen unless saturations are less than 90%. If oxygen is administered, titrate to maintain oxygen saturation at 90%.
    - (i) If the patient states or the clinician suspects that they have chronic hypercapnia (a CO<sub>2</sub> retainer), an oxygen saturation of 88% may be reasonable and oxygen therapy may not be required. A Physician or NP **order** for oxygen is required in this population.

- 4.4 Cardiac Monitoring:
- a) Apply cardiac monitor leads; monitor patient in lead II and if available V1. Interpret the rhythm strip and place on patient's **health record**.
- 4.5 Initiate intravenous (IV) and infuse 0.9% sodium chloride (normal saline) at 30 mL/hour, or a patent saline lock as per local practice guidelines.
- a) Avoid potential for fluid overload by either hanging a small volume 0.9% sodium chloride (normal saline) bag or use an IV pump to control the rate.

## 5. Laboratory Studies

- 5.1 The following laboratory tests should be drawn and sent:
- a) complete blood count (CBC);
  - b) electrolytes (sodium, potassium, chloride, carbon dioxide);
  - c) glucose;
  - d) creatinine; and
  - e) Prothrombin time / international normalized ratio (PT, INR) for patients who are on warfarin or acenocoumarol, have liver disease or have a bleeding disorder.

## 6. Documentation

- 6.1 The health care professional shall document on the patient's health record:
- a) implementation of this protocol;
  - b) assessments;
  - c) reassessments;
  - d) interventions; and
  - e) patient's responses to interventions.

## DEFINITIONS

**Health care professional** means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* or the *Health Professions Act*, and who practices within scope or role.

**Health record** means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

**Order** means a direction given by a regulated health care professional to carry out specific activity (-ies) as part of the diagnostic and/or therapeutic care and treatment to the benefit of a patient. An order may be written (including handwritten and or electronic), verbal, by telephone or facsimile.

**Patient** means all persons, inclusive of residents and clients, who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable: a) a co-decision-maker with the person; or b) an alternate decision-maker on behalf of the person.

## REFERENCES

- Alberta Health Services Governance Documents:
  - *Assessment and Reassessment of Patients* Guideline (#HCS-181-01)
  - *Consent to Treatment / Procedure(s)* Policy (#PRR-01)
  - *Glycemic Management* Policy Suite (#HCS-206)
  - *Suspected Sepsis Assessment and Treatment in the Adult Patient* Protocol (#HCS-09-19)
- Alberta Health Services Forms:
  - Patients Leaving the Emergency Department/Urgent Care Centre without Seeing a Doctor or Against Medical Advice Form (#103599)

© 2021, Alberta Health Services, Policy Services



This work is licensed under a Creative Commons Attribution-Non-commercial-Share Alike 4.0 International license. The licence does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner. This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.