Information Needed:

1. History: when last well, onset, progression to present state, headaches, seizures, hypoglycemia, hyperglycemia, dementia, confusion, head trauma, previous medical or psychiatric problems, infection/ fever (sepsis), stroke, medication use such as anticoagulants and antidepressants, excessive use of prescription drugs, recreational drug and alcohol use, environmental exposures such as hypothermia, heat stroke and recent assent to high elevation.
2. Physical findings: confusion, level of consciousness, pill bottles, syringes, needle tracks signs of head trauma, medical alert tags, pupil size, eye color, breath odor, skin temperature, shakes.

Treatment:

1. Airway: protect as needed. (Immobilize spine if indicated).
2. Oxygen: moderate to high flow, assist ventilation as needed.
3. Determine vital signs (including temperature and blood glucose).
4. Perform head to toe physical exam with special attention to the skin.
5. 12 lead EKG as indicated.
6. If blood sugar <70 give Dextrose 50%.
7. Consider Naloxone.
8. Restrain physically or chemically if necessary.
9. Maintain normal body temperature and warm or cool as needed.

Notes:

1. Be particularly attentive breathing and body temperature.
2. Determine and document GCS.
3. HACE (high altitude cerebral edema) is rare when the sleeping elevation is less than 12,000 feet.
4. Diabetic patients whose blood sugar is poorly controlled may exhibit signs and symptoms of hypoglycemia at higher than normal blood glucose levels. As long as the BGL is not overly high (100+) a trial of D50 may be indicated. Consult medical control when in doubt.