

CMG 15 – ALTERED LEVEL OF CONSCIOUSNESS

(Revised: March 2016)



There are many potential causes of an altered level of consciousness (LOC), but very few can be diagnosed in the pre-hospital environment.

The mnemonic “AEIOU TIPS” can help clinicians to identify possible reversible causes:

A – alcohol, acidosis

E – epilepsy, endocrine, electrolytes, environment

I – insulin (i.e. hypo- or hyperglycaemia)

O – overdose, oxygen (hypoxia)

U – uraemia, underdose

T – trauma, tumour, toxin

I – infection

P – psychogenic, poison, pharmacological

S – seizures, sepsis, syncope, stroke, shock,

space-occupying lesion

ICP	Assess patient’s presenting level of consciousness by AVPU and/or GCS as appropriate	AP
ICP	Manage airway as per CMG 3	AP
ICP	Assess and monitor vital signs (e.g. BGL, temperature, ECG, BP, etc.)	AP
ICP	Oxygen if required (aim to maintain SpO ₂ ≥94%)	AP
ICP	Do not hyperventilate – monitor EtCO ₂ (aim to maintain between 35 – 40mmHg)	AP
ICP	IV fluids as per CMG 14 (aim to maintain systolic BP >100mmHg)	AP
ICP	Treat associated conditions as required (e.g. overdose, hypoglycaemia, seizures, etc.)	AP
ICP	Consider spinal precautions if trauma, or if history is unknown	AP
ICP	Unless otherwise contraindicated, posture by perfusion or comfort	AP
ICP	Evidence of a rapidly decreasing level of consciousness is a flag for a time-critical patient ~ minimise scene time and transport urgently to hospital ~	AP