



Congratulations to all of the CHA/Ps who recognized that low blood sugar is a common and easily treated cause of an Altered Mental Status – check a blood sugar as soon as possible!

CHAP Weekly Update

March 26, 2021

Delirium

Dr. McGuiness presented a case that sounded familiar to most of us:

An elderly woman has had a sudden change in mental status. She is alert and conversant, but confused and disoriented.



This kind of “Altered Mental Status” has important differences from a “Decreased Level of Consciousness.”

Level of Consciousness

The Level of Consciousness (LOC) can be quickly assessed using the mnemonic **AVPU**:

- A:** Is the patient Alert?
- V:** Is the patient responsive to Verbal Stimuli?
- P:** Is the patient responsive to Painful Stimuli?
- U:** Is the patient Unresponsive?



A decrease in LOC is often an indication of severe illness or injury and may require transport to a hospital.

Altered Mental Status

An **Altered Mental Status (AMS)** can be more subtle and is often caused by something that can be identified and treated in the village. As we saw in today’s presentation, a person can be alert and conversant, but still have an Altered Mental Status.

A common cause of AMS, especially in the elderly, is delirium.

Delirium is a **disturbance in attention**. The person may be up and walking around, alert and seeming to carry on a conversation, but not making sense.

Recognizing Delirium

- Disturbance in attention
- Susceptible host
 - ◊ Dementia, prior stroke, cognitive delay, prior alcohol abuse, TBI
- Develops over hours to days, tends to fluctuate
- Worsened by disorientation:
 - ◊ Day/night cues
 - ◊ Unfamiliar environment/people e.g. the hospital or healthcare providers
 - ◊ Too many stimuli: noise, pain, activity
- Caused by underlying toxic or metabolic insult
 - ◊ AEIOU-TIPS mnemonic (see next page)



SAVE THE DATE



March 30, 2021

Jennifer Summers will talk about alcohol and substance abuse during the COVID-19 pandemic, including community solutions.

April 4, 2021

Meera Narayanan will discuss Gestational Diabetes.

April 13, 2021

Dr. McLaughlin and his colleagues from the State will facilitate a discussion/update about COVID-19.

Let us know what you think! aka-CHAPCOVID-19weeklyupdates@anthc.org
Send questions for presenters and each other, and suggest topics for discussion.





“The faster Alaska reaches high vaccination coverage, the faster we are able to open the economy back up – every vaccination counts. This is our way out.” ~ Coleman Cutchins, PharmD

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Delirium and Dementia

Causes of Altered Mental Status

Many things can cause an Altered Mental Status. A systematic way of thinking about the possible causes can help you come up with the correct Assessment and Plan.

Use the mnemonic **AEIOUTIPS** to remember common causes of Altered Mental Status:

A: Alcohol	or other drugs
E: Electrolytes	especially Sodium or Calcium
I: Insulin	low (or very high) blood sugar
O: Opiates and Oxygen	drugs (overdose or withdrawal) / low O2
U: Uremia	kidney problems, dehydration
T: Trauma and Temperature	head injury / hypothermia
I: Infection	urine, skin, lungs, others
P: Poisons and Psychogenic	esp in people with history of psych problems
S: Stroke / Seizures	both of these usually have additional neurological findings

Most of these causes of AMS can be found by doing a thorough History and Physical Exam.

Several require labs that can be done in most village clinics (blood sugar, urine dipstick, COVID-19 test). Only a few require lab work that might need to be sent out (blood work for electrolytes and kidney function).



Identification and treatment of the underlying cause will help resolve the Altered Mental Status.

Identifying Altered Mental Status

Many causes of Altered Mental Status in the elderly can be easily identified and treated in the village. A transfer to a hospital may actually worsen the delirium due to the unfamiliar setting and people, and too much noise, activity and stimuli. However, the patient must be closely observed and may require a transfer to a higher level of care.

When to Refer?

- Unable to take PO
- Unsure of the cause
- Unsafe at home – vulnerable population
- Failure to respond to initial treatment
- Abnormal vitals (may need medivac)

When to Medivac?

- Decrease level of consciousness
- Neurologic Deficit
- Seizures
- Abnormal vitals

Delirium is different than Dementia:

(Dementia is also common in the elderly.)

	Delirium	Dementia
Onset	Rapid	Slow
Course	Fluctuating	Progressive
Vital Signs	Often abnormal vital signs	Usually normal vital signs
Level of Consciousness	Inattentive / disoriented	Normal level of consciousness
Hallucinations	Visual hallucinations	Rare hallucinations
Physical Exam	Often abnormal	Often Normal
Prognosis	Poor if not treated	Progressive decline

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Alaska Vaccine Update:

- Alaska population fully vaccinated: 20.9%
- 382,495 vaccine doses given!

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COVID-19 Update

Dr. McLaughlin and his colleagues from the State discussed the current focus:

Improving Vaccine Confidence: Educating people about the benefits (and potential risks) of COVID-19 vaccinations to increase the number of people who will get the vaccine as quickly as possible.

Reminder:

There are LOTS of great resources for healthcare workers as well as for the general public on the [CDC website](#) and the [state website](#).

Benefits of Vaccination

- Excellent protection against COVID-19 illness
- Superlative protection against severe COVID-19 illness and death
- If you don't get COVID-19, you won't get "Long COVID"
- More robust immunity than most people get through natural infection
- Vaccine is free, but getting COVID-19 can be costly, including missing days from work and potential emergency room and hospital bills
- If you're fully vaccinated you don't need to quarantine after coming into close contact with infected persons
- You can safely interact with other fully vaccinated persons
- The faster Alaska reaches high vaccination coverage, the faster we are able to open the economy back up – every vaccination counts!
- COVID-19 vaccines do not change or interact with your DNA in any way



Possible Drawbacks of Vaccination

A COVID-19 vaccine can cause mild side effects after the first or second dose:

Side effects

- Pain/redness/swelling where the shot was given, fever, fatigue, headache, muscle pain, chills, joint pain, or nausea/vomiting
- Most side effects happen within the first three days after vaccination and typically last only one to two days.



Allergic reactions

- Most are mild; rarely, serious allergic reactions can occur.
- About five cases per million doses of mRNA vaccine administered result in anaphylaxis. Most of these cases are managed successfully in the outpatient setting. Some people may require hospitalization for stabilization.

COVID BY THE NUMBERS

- Alaska cases as of March 26, 2020: **61,558**
- US cases as of March 18, 2020: **30.1 million**
- Alaska average daily cases: **18.7** per 100,000 people. COVID is still spreading, but slowly.
- More information at Coronavirus.dhss.alaska.gov



Thank you to Dr. McGuiness for his great presentation on the evaluation and treatment of Altered Mental Status in Elders. And thank you to Dr. McLaughlin and his colleagues for their update on what the State is doing to increase COVID-19 vaccination rates by improving Vaccine Confidence.



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ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM