

***Diabetic Emergency (112)***

<b>Adults</b>	<b>Pediatrics (13 years and under)</b>
<b>Public Safety First Aid Procedures: Only</b>	<b>Public Safety First Aid Procedures: Only</b>
<ul style="list-style-type: none"> <li>Request Fire/EMS</li> <li>Support ABC's</li> </ul>	<ul style="list-style-type: none"> <li>Request Fire/EMS</li> <li>Support ABC's</li> </ul>
<b>BLS Procedures: EMT's and Paramedics start here</b>	<b>BLS Procedures: EMT's and Paramedics start here</b>
<ul style="list-style-type: none"> <li>Altered mental status? If yes, enter appropriate protocol</li> <li>Oxygen if SpO2 &lt; 94% or if in respiratory distress</li> <li>If history of diabetes or concern for new onset diabetes assess blood glucose.</li> <li>&lt;60mg/dL and patient showing signs/symptoms of hypoglycemia? If able to swallow, administer oral glucose 15 grams/PO</li> </ul>	<ul style="list-style-type: none"> <li>Altered mental status? If yes, enter appropriate protocol</li> <li>Oxygen if SpO2 &lt; 94% or if in respiratory distress</li> <li>If history of diabetes or concern for new onset diabetes assess blood glucose.</li> <li>&lt;60mg/dL and patient showing signs/symptoms of hypoglycemia? If able to swallow, administer oral glucose 15 grams/PO</li> </ul>
<b>ALS Prior to Base Hospital Contact: Paramedic only</b>	<b>ALS Prior to Base Hospital Contact: Paramedic only</b>
<ul style="list-style-type: none"> <li>IV/Monitor/Airway/Ventilation</li> <li>Altered mental status not diabetic related? If yes, enter appropriate protocol</li> <li>If unable to swallow administer Dextrose: 10% Dextrose 5 mL/kg Max 250 mL Rapid IV Bolus</li> <li>If unable to establish IV, administer Glucagon 1mg via IM.</li> <li>Glucose &gt; than 300mg/dL? And patient exhibiting signs/symptoms of acidosis, administer 500 mL fluid bolus may repeat to max of 2 liters if no signs of fluid overload or pulmonary edema</li> </ul>	<ul style="list-style-type: none"> <li>IV/Monitor/Airway/Ventilation</li> <li>Altered mental status not diabetic related? If yes, enter appropriate protocol</li> <li>If unable to swallow administer Dextrose: 10% Dextrose 5 mL/kg Max 250 mL Rapid IV Bolus</li> <li>If unable to establish IV, administer Glucagon &gt;8 years old 1 mg via IM. &lt; 8 years old 0.5mg via IM</li> <li>Glucose &gt; than 300mg/dL? And patient exhibiting signs/symptoms of acidosis, administer 10mL/kg fluid bolus monitor for signs of fluid overload or pulmonary edema</li> </ul>
<b>Base Hospital Contact Required</b>	<b>Base Hospital Contact Required</b>

112 DIABETIC EMERGENCY

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### **Special Considerations**

1. Dextrose 10% is to be rapidly infused, not administered at a slow rate.
2. If patient has an altered level of consciousness refer to [Altered Level of Consciousness \(102\)](#) protocol first. If Altered Level of Consciousness (102) protocol was already referred to, continue treatment on this protocol for the patient with a diabetic emergency.
3. Assessment of patient should include attempting to locate Med Alert bracelet/pendant, patient refrigerator or belongings for insulin, and assessment of abdomen for indications of insulin injection.
4. Frequently assess lung sounds for development of pulmonary edema or peripheral edema while administering fluid challenges.
5. Common signs and symptoms of diabetic emergencies are below:

<b>Hypoglycemia</b>	<b>Diabetic Ketoacidosis</b>	<b>Hyperglycemic Hyperosmolar Nonketonic (HHNK) Acidosis</b>
Weak, rapid pulse	Tachycardia	Tachycardia
Normal or shallow respirations	Deep, rapid respirations (Kussmaul's respirations)	Normal
Cold, clammy skin	Warm, dry skin and mucous membranes	Warm, dry skin and mucous membranes
Weakness, uncoordinated	Fever	Orthostatic hypotension
Headache	Nausea/vomiting	Vomiting
Irritable, agitated behavior	Abdominal pain	Decreased mental function/lethargy
Decreased mental function or bizarre behavior	Decreased mental function/restlessness	Coma
Coma	Coma	Possible seizures
Seizures	Polyuria, polydipsia, polyphagia	
	Fruity odor on breath	