

Pediatric Diabetic



History

- * Past medical history
- * Medications
- * Recent blood glucose check
- * Last meal

Signs and Symptoms

- * Altered mental status
- * Combative / irritable
- * Diaphoresis
- * Seizures
- * Abdominal pain
- * Nausea / vomiting
- * Weakness
- * Dehydration
- * Deep / rapid breathing

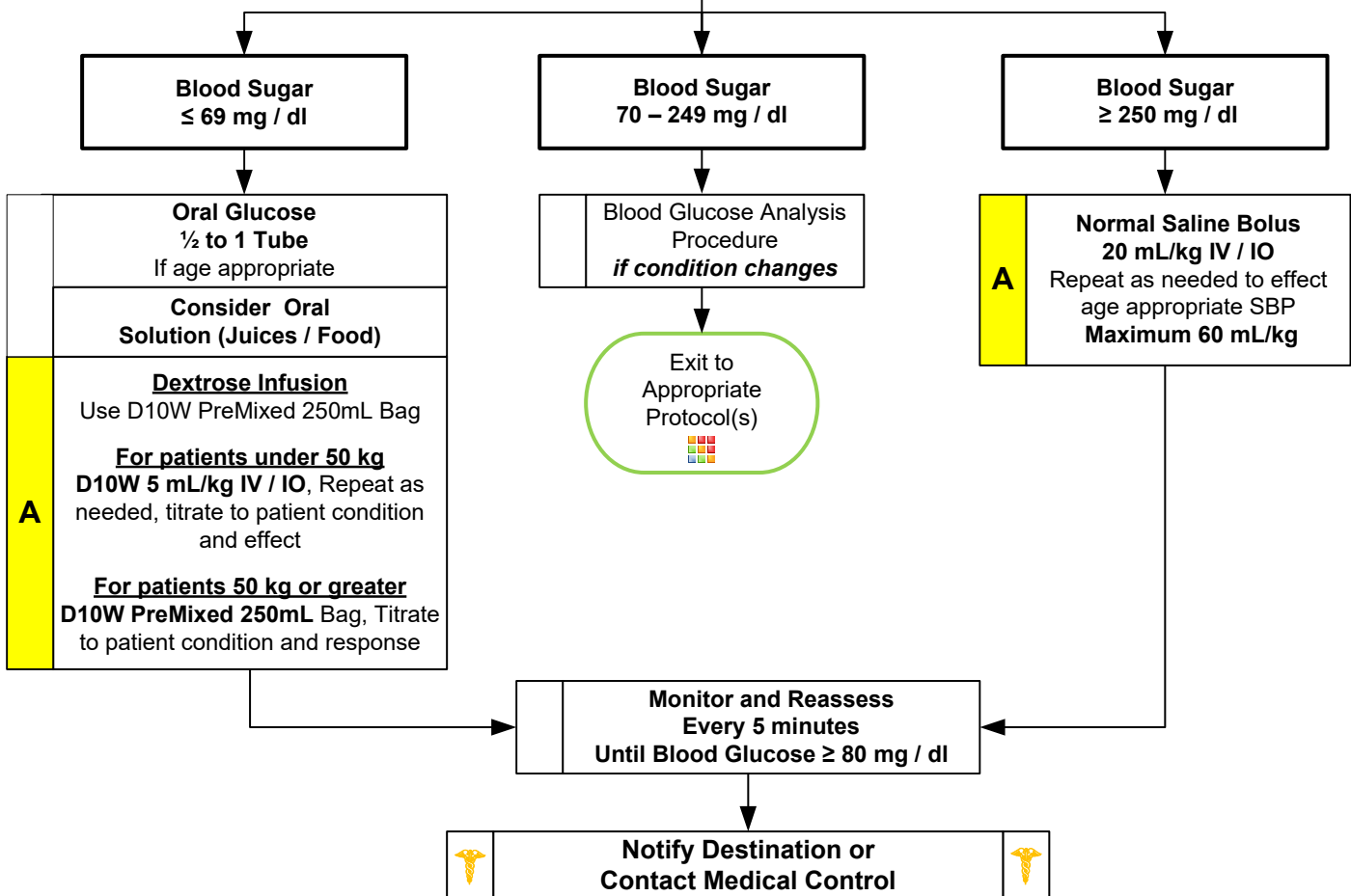
Differential

- * Alcohol / drug use
- * Toxic ingestion
- * Trauma; head injury
- * Seizure
- * CVA
- * Altered baseline mental status.

A

Blood glucose ≤ 69 mg/dl
Symptomatic with NO IV / IO
Access: Awake, alert and able to tolerate oral agent:
 Give **oral glucose solution**.
 If unable to tolerate oral: **Glucagon 0.1 mg/kg IM (Maximum 1 mg)**
 Repeat every 15 minutes as needed to keep Blood glucose > 60 mg / dl.

	Blood Glucose Analysis Procedure ASP 4
B	12 Lead ECG Procedure CSP 1 if indicated
	IV / IO Access Protocol UP 6
P	Cardiac Monitor
	Altered Mental Status Protocol UP 4 if indicated
	Hypotension / Shock Protocol AM 5 if indicated
	Seizure Protocol UP 13 if indicated





Pearls

- * **Recommended Exam: Mental Status, HEENT, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro**
- * **Patients with prolonged hypoglycemia may not respond to glucagon.**
- * **Do not administer oral glucose to patients that are not able to swallow or protect their airway.**
- * **Quality control checks should be maintained per manufacturers recommendation for all glucometers.**
- * **Patient's refusing transport to medical facility after treatment of hypoglycemia:**
 - Adult caregiver must be present with pediatric patient.
 - Blood sugar must be ≥ 80 , patient has ability to eat and availability of food with responders on scene.
 - Patient must have known history of diabetes and not taking any oral diabetic agents.
 - Patient returns to normal mental status and has a normal neurological exam with no new neurological deficits.
 - Must demonstrate capacity to make informed health care decisions. See Universal Patient Care Protocol UP-1.
 - Otherwise contact medical control.
- * **Hypoglycemia with Oral Agents:**
 - Patients taking oral diabetic medications should be strongly encouraged to allow transportation to a medical facility. They are at risk of recurrent hypoglycemia that can be delayed for hours and require close monitoring even after normal blood glucose is established. Not all oral agents have prolonged action so Contact Medical Control for advice. Patients who meet criteria to refuse care should be instructed to contact their physician immediately and consume a meal.
- * **Hypoglycemia with Insulin Agents:**
 - Many forms of insulin now exist. Longer acting insulin places the patient at risk of recurrent hypoglycemia even after a normal blood glucose is established. Not all insulins have prolonged action so Contact Medical Control for advice. Patients who meet criteria to refuse care should be instructed to contact their physician immediately and consume a meal.