

DIABETIC EMERGENCIES

Airway / Breathing

Circulation / Shock

Cardiac

Medical

Trauma

UNIVERSAL PATIENT CARE PROTOCOL

BLOOD GLUCOSE PROCEDURE

IV PROCEDURE

Glucose < 70 or symptomatic

ORAL GLUCOSE
15 -37.5 grams – may repeat prn
Only If Alert

OR

THIAMINE
100 mg IV or IM – No Repeat
If Chronic Alcoholism or Malnourished

DEXTROSE 10%
Glucose < 40 mg/dl
25 Grams IV / IO
Glucose 40 – 70 mg/dl
12.5 Grams IV / IO
May repeat prn

⚠ If DEXTROSE 10% Is unavailable,
see medication section for
DEXTROSE 50%

OR

If No Vascular Access
GLUCAGON
1 mg IM – q 10 min prn - Max 2 mg
STOP EMT may administer only with
proper training
⚠ Long time to onset of action

Recheck Blood Glucose Level

Glucose 70 – 250

No Diabetic Treatment
Required

Glucose > 250

NORMAL SALINE
20 ml / kg if signs / symptoms
of Dehydration and NO
Contraindications

Monitor and Reassess

DIAGNOSTIC EKG PROCEDURE

TRANSPORT to appropriate facility CONTACT receiving facility CONSULT Medical Control where indicated APPROPRIATE transfer of care

EMT Intervention

AEMT Intervention

PARAMEDIC Intervention

Online Medical Control

DIABETIC EMERGENCIES

HYPOGLYCEMIA

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> Known diabetic, medic alert tag Past medical history Medications Last meal Recent Blood Sugar Analysis 	<ul style="list-style-type: none"> Altered level of consciousness Dizziness Irritability Diaphoresis Convulsions Hunger Confusion 	<ul style="list-style-type: none"> ETOH Toxic Overdose Trauma Seizure Syncope CNS disorder Stroke Pre-existing condition

HYPERGLYCEMIA

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> Known diabetic, medic alert tag Past medical history Medications Last meal Recent BGL check 	<ul style="list-style-type: none"> Altered level of consciousness / coma Abdominal pain Nausea / vomiting Dehydration Frequent thirst and urination General weakness malaise Hypovolemic shock Hyperventilation Deep / rapid respirations 	<ul style="list-style-type: none"> ETOH Toxic overdose Trauma Seizure Syncope CSN disorder Stroke Diabetic ketoacidosis

Hypoglycemic patients who are receiving oral hypoglycemics should be STRONGLY urged to be transported to the hospital. The half-life of such oral medications is long, and these patients will need to be closely monitored for recurrent hypoglycemia.

KEY POINTS

Hyperglycemia:

- Diabetic ketoacidosis (DKA) is a complication of diabetes mellitus. It can occur when insulin levels become inadequate to meet the metabolic demands of the body for a prolonged amount of time (onset can be within 12 - 24 hours). Without enough insulin, the blood glucose increases, and cellular glucose depletes. The body removes excess blood glucose by dumping it into the urine. Pediatric patients in DKA should be treated as hyperglycemic under the [Pediatric Diabetic Emergency Protocol](#).
- Patients can have hyperglycemia without having DKA.

Hypoglycemia:

- Always suspect hypoglycemia in patients with an altered mental status.
- If a blood glucose analysis is not available, a patient with altered mental status and signs and symptoms consistent with hypoglycemia should receive Dextrose or Glucagon (GlucaGen).
- Dextrose is used to elevate BGL **but it will not maintain it.** The patient will need to follow up with a meal (carbs), if not transported to a hospital.

Miscellaneous:

- If IV access is successful after Glucagon (GlucaGen) IM and the patient is still symptomatic, Dextrose IV / IO can be administered.
- For alcoholic or malnourished patients, give 100 mg Thiamine IV or IM before giving glucose to avoid possible Wernicke's encephalopathy.
- Shut off wearable insulin pumps if patient is hypoglycemic.
- Treat if the patients' blood glucose is 70 or less, or any level with signs and symptoms.
- Glucagon unlikely to be useful in malnourished patients.