

- i. Glucose, oral (in form of glucose tablets, glucose gel, tube of cake icing, etc.)
 1. **Adult** Dosing: 25 g
 2. **Pediatric** Dosing: 0.5–1 g/kg
- b. Unconscious patient, or patients who are unable to protect their own airway:
 - i. Dextrose IV – administer in incremental doses until mental status improves or maximum field dosing is reached (if available, D10% is preferred)
 1. Maximum field **adult** dosing: 25 g of 10–50% dextrose IV
 - a. 50 mL of 50% dextrose
 - b. 100 mL of 25% dextrose
 - c. 250 mL of 10% dextrose
 2. Maximum field **pediatric** dosing: 0.5–1 g/kg of 10–25% dextrose IV
 - a. 2–4 mL/kg of 25% dextrose for those greater than 8 years old
 - b. 5–10 mL/kg of 10% dextrose (newborns 2 mL/kg)
 - ii. Glucagon IM/IN – an option for patients for whom IV access cannot be established
 1. **Adult** dosing: 1 mg IM/IN (or prefilled 3 mg dry powder IN or prefilled IM autoinjector)
 2. **Pediatric** dosing:
 - a. 1 mg IM/IN if \geq 20 kg (or \geq 5 years old (or prefilled 4 mg dry powder IN for patients greater than 4 years old or prefilled IM autoinjector)
 - b. 0.5 mg IM/IN if less than 20 kg (or less than 5 years old)
 - iii. Remove or disable insulin pump if above treatments cannot be completed
 - a. For patients with an insulin pump who are hypoglycemic with associated altered mental status (GCS less than 15):
 - i. Stop the pump, disconnect, or remove at insertion site if patient cannot ingest oral glucose or ALS is not available
 - ii. Leave the pump connected and running if able to ingest oral glucose or receive ALS interventions
 2. Reassess patient
 - a. Reassess vital signs (pulse, blood pressure, respiratory rate, neurologic status assessment) and mental status
 - b. Repeat check of blood glucose level if previous hypoglycemia and mental status has not returned to normal
 - i. It is not necessary to repeat check of blood glucose level blood sugar if mental status has returned to normal
 - c. If maximal field dosage of dextrose solution does not achieve euglycemia and normalization of mental status:
 - i. Initiate transport to closest appropriate receiving facility for further treatment of refractory hypoglycemia
 - ii. Evaluate for alternative causes of altered mental status
 - iii. Continue treatment of hypoglycemia using dextrose solutions as noted above
 3. Disposition
 - a. If hypoglycemia with continued symptoms, transport to closest appropriate receiving facility
 - b. Hypoglycemic patients who have had a seizure should be transported to the hospital regardless of their mental status and response to therapy
 - c. If symptoms of hypoglycemia resolve after treatment, release without transport should only be considered if **all** the following are true: