

## PEDIATRIC MEDICAL PM-05B

## **DIABETIC – HYPOGLYCEMIA**

Page 1 of 1 Last Revision: 12-5-2018

| History and Physical:           |  |
|---------------------------------|--|
| Historical Findings             | Physical Findings  |
| <ul><li>Known history</li></ul> | ■ BGL < 70 mg/dL ( < 40 mg/dL for newborns)  |
| <ul><li>New onset</li></ul>     | <ul> <li>AMS, tremors, weakness, nausea/vomiting,<br/>intense hunger, diaphoresis</li> </ul> |

## **Assessment:**

- Medical Assessment
- Differential Diagnosis: Insulin Overdose, Medications (especially sulfenureas), Infection/Sepsis, Metabolic (Adrenine)

| Clinical Management Options:  |  |
|---|--|
| Interventions   | Pharmacology   |
| <ul> <li>Oxygen therapy as appropriate</li> <li>Vascular Access</li> <li>Do not delay transport to establish</li> </ul> | <ul> <li>Oral glucose 7.5-15 G PO</li> <li>In minimally symptomatic patients who are old enough and capable of taking oral glucose solutions</li> <li>Able to follow commands</li> <li>Thiamine 10-25 mg IV/IO</li> <li>For older children/teenagers with a significant history of alcohol use/abuse or malnourished children</li> <li>Dextrose 0.5G/KG</li> <li>Glucagon 0.5mg IM/SQ if unable to obtain vascular access</li> </ul> |