Diabetic Emergencies

Reference Procedures: Blood Glucose

Goals of Patient Care:

- Treatment of symptomatic blood glucose derangement
- Appropriate disposition of care

CONSIDER HYPO/HYPERGLYCEMIA IN ALL PATIENTS WITH ALTERED MENTAL STATUS, SEIZURE and/or STROKE-LIKE SYMPTOMS

Medications:

MEDICATION	ADULT	PEDIATRIC (Refer to Handtevy)
ORAL GLUCOSE	• 15-30 G, PO (1 tube)	• 15-30 G, PO (1 tube)
D10	• 12.5-25 G, IV/IO titrate to LOC	• 12.5-25 G, IV/IO titrate to LOC
GLUCAGON	• 0.5-1.0 mg IM	• Less than 5 years old: 0.03mg/kg IM **(MAX: 1mg)** • Greater than 5 years old: 0.5-1.0 mg IM
NORMAL SALINE	• 500mL, IV/IO for dehydration, hemodynamic instability	• 20 ml/kg, IV/IO for dehydration, hemodynamic instability

HYPOGLYCEMIA: (Suspected/confirmed blood glucose <60 or <80 and symptomatic)

- Obtain blood glucose
- Administer oral glucose to patients that are awake with intact gag reflex
- If unable to administer oral glucose, establish IV access
- Administer D10 IV/IO
- If IV/IO cannot be established or is unlikely to be obtained, administer Glucagon IM
- Consider disconnecting patient's insulin pump
- Recheck blood glucose- must be above 80mg/dL for patient to refuse transport

HYPERGLYCEMIA:

- Obtain blood glucose
- If blood glucose >250mg/dL and signs/symptoms of dehydration, administer 500mL in adults (20ml/kg in pediatrics) until condition improves
- Allow patient to take home insulin if failure to take medication has contributed to the patient's condition
- If patient is on insulin pump, leave the pump in its normal operating mode, DO NOT TRY TO ADJUST THE SETTING.
- Repeat blood glucose PRN

REFUSALS:

All hypoglycemic patients should be transported to the hospital unless all of the following conditions are met:

- No apparent disease process other than hypoglycemia
- Patient is without further complaint or symptoms and appears well
- Adult blood glucose has been corrected to >80mg/dL
- Pediatric blood glucose has been corrected to >60mg/dL
- Patient is eating/has been eating complex carbs/protein after treatment
- A reliable adult will be staying with the patient
- No medication dosing error contributed to the hypoglycemia
- Patient is not endorsing suicidal or self-harmful thoughts
- Patient did not have a seizure from the hypoglycemia
- Patient's insulin dose has not changed in the previous 10 days
- **Patient has been instructed to: contact their PCP ASAP to discuss insulin dosing and to recheck blood glucose frequently over the next 4 hours**

Patients who do not meet all of the above criteria and refuse to go to the hospital should be documented as refusing care against medical advice.

Considerations:

Considerations for crews on scene prior to ambulance arrival.

- Check Blood glucose
  - If low consider treatment options to raise BG within scope of practice and equipment availability
  - If high consider other causes for symptoms and await ambulance arrival.
- Ask about pt's medications, If they have been taking medications appropriately, Eating habits.
- Pt's can refuse transport at any time. If pt's found to have normal vitals, BG, mental status without any other complaints consider cancelling ambulance response if department SOP/SOG's allow. If not ambulance should continue to obtain pt refusal.

Give full report to arriving Paramedic of all information gathered, treatments rendered, and whether the patient would like to be transported or not.