Protocol 700-M7: Diabetic Emergencies

Revision 5/22/18
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BLS Treatment

- Treat life threats. (See Procedure 701 *Life Threats*)
- Document history, medications, and any neurologic deficits
- Suspected Hypoglycemia
  - Provide 1 tube of oral **Glucose Paste** under the following circumstances:
    - Known diabetic
    - Intact Gag Reflex
    - Able to hold head upright
    - Can self-administer the paste
  - If patient doesn't improve in 5-15 minutes with oral glucose
    - Repeat 1 tube of oral **Glucose Paste**
- Suspected Hyperglycemia
  - Document
  - Progression of symptoms:
    - Several days (HHS)
    - Within a few hours (DKA)
    - Presence of:
      - Rapid, irregular respirations
      - Dehydration (dry mouth, sunken eyes)
      - Fruity breath
- Suspected Seizure (see Protocol 700-N2 *Seizure*)
- Suspected Stroke (see Protocol 700-N3 *Non-Traumatic Neuro Impairment*)

ALS Treatment

- Treat life threats. (See Procedure 701 *Life Threats*)
- Suspected Hypoglycemia
- Check for Hypoglycemia
  - Perform Blood Glucose check
    - if less than 60 mg/dl treat as needed. If 60-80 mg/dl use clinical judgment.
  - If conscious
    - consider giving **Glucose** PO.
  - If unconscious or unable to take oral sugar
    - **Dextrose 10%** IV up to 250 ml. Titrate to clinical response. Following initial infusion, check level of consciousness and BG Chem. If BG
    - If BG < 80 and the patient still has altered mentation, consider repeating **Dextrose 10%** 250 ml. Recheck patency of IV line frequently.

- If no IV can be established and patient presents with altered mentation, give **Glucagon** 1unit (1mg) IM.

❖ Suspected Hyperglycemia, Diabetic Ketoacidosis (DKA) and Hyperosmolar Hyperglycemic State (HHS)
- ➢ Check blood sugar level. Treat if BSL >400 mg/dl:
  - IV **Normal Saline** Bolus, 1000 ml
- ➢ 12 Lead ECG. Observe for:
  - STEMI
  - Peaked T-waves (hyperkalemia)
- ➢ Check $EtCO_2$
  - Values less than 25 may indicate DKA

Special Considerations

❖ The beneficial effect of **Glucagon** on raising blood sugar levels is reliant on adequate glycogen stores in the liver. Debilitated or malnourished patients such chronic alcoholics or end stage cancer patients, for example, may not benefit from **Glucagon**. IV/IO access with dextrose administration will be crucial for these patients.