

Protocol 700-M7

Diabetic Emergencies

Rev: 2/18

BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Document history, medications, and any neurologic deficits
- ❖ Suspected Hypoglycemia
 - Check blood sugar level. Treat if BSL < 60 mg/dl:
 - 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 blood sugar level. Treat if BSL < 60 mg/dl:
 - If oral glucose ineffective or cannot be given then:
 - IV/IO access available
 - Dextrose 10% (10g, 100 ml) IVP/IO
 - ◆ If no improvement with Dextrose,
 - ◆ Consider repeat Dextrose or
 - Glucagon 1mg IV/IO
 - No IV/IO access available
 - Glucagon 1 mg IM
- ❖ Suspected Hyperglycemia, Diabetic Ketoacidosis (DKA) and Hyperosmolar Hyperglycemic State (HHS)

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- 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 ETCO₂
 - 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.



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