**C6. Blood Glucose Abnormalities**

### Goals:
- Appropriate glucose monitoring
- Provide hydration for hyperglycemia
- Treating hypoglycemia early

### Signs/Symptoms:
- BGL <60 or >250 mg/dl
- Altered Mental Status
- Seizures
- Stroke like symptoms

### Documentation Key Points:
- Glucose levels before and after treatments
- Vitals including mental status before and after medications

### Follow Initial Protocol for All Patients

#### <60 mg/dl
- Patient conscious? Able to swallow?
  - Yes: H10. Dextrose: Adult: D50 - 25 to 50 ml
    - Pediatric: D10 - 5-10 ml/kg
    - D25 - 2-4 ml/kg
  - No: Reassess glucose level, >80 mg/dl?
    - No: Consider other causes of altered mental status
    - Yes: Consider reassessing glucose level 10-15 minutes after Dextrose

#### >250 mg/dl
- Any of the following? Signs of Dehydration Kussmaul Respiations Altered Mental Status
- Any of the following? Signs of Heart Failure

### H20. Oral Glucose
- Adult: 25 grams
  - Pediatric: 0.5-1.0 g/kg Max 25 gram
  - AND/OR Carbohydrate Meal

### H46. Normal Saline
- Adult: 1 Liter
  - Pediatric: 10 ml/kg
  - Stop if signs of fluid overload
  - If history of heart failure, administer in 250 ml increments

### H23. Insulin Infusion - Continue from sending facility
- D12.5 and D25
  - D12.5 - 12.5 ml D50 + 37.5 ml NS
  - D25 - 25 ml D50 + 25 ml NS

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**Special Considerations:**
- Hypoglycemia: If patient is wearing an insulin pump, only disconnect if unable to treat patient with IV or Oral medications.
- Do not treat hypoglycemia in a Stroke/CVA patient unless <60 mg/dl.
- If patient has type 2 diabetes, not on insulin, transport to hospital for evaluation should occur.

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**Original Adoption Date:** 6/2020  
**Past Protocol Updates:**
- Medical Director: Chad Torstenson, MD; Cory Vaudt, DO

**Date of Most Recent Update:** 6/2020