



Diabetic; Adult

History

- Past medical history
- Medications
- Recent blood glucose check
- Last meal

Signs and Symptoms

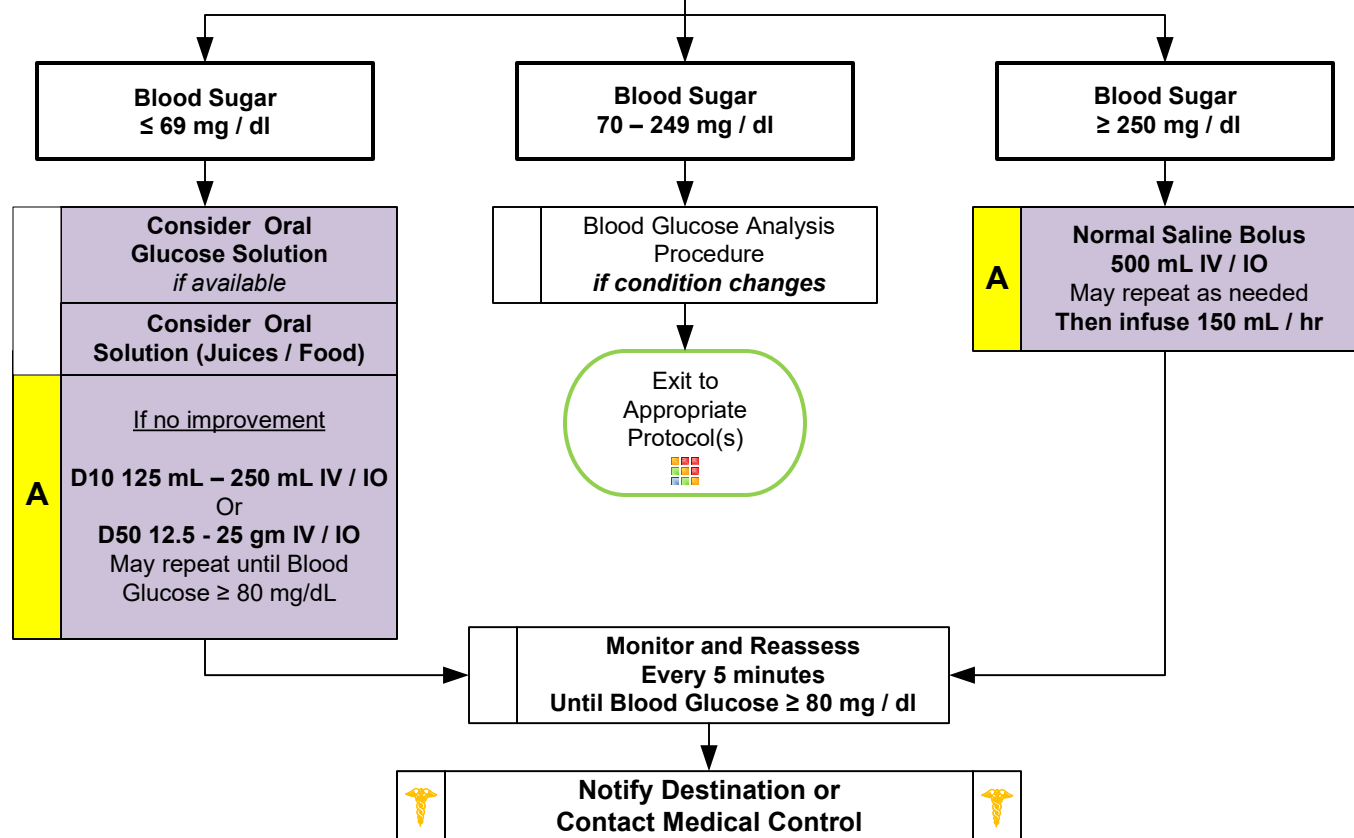
- Altered mental status
- Combative / irritable
- Diaphoresis
- Seizures
- Abdominal pain
- Nausea / vomiting
- Weakness
- Dehydration
- Deep / rapid breathing

Differential

- Alcohol / drug use
- Toxic ingestion
- Trauma; head injury
- Seizure
- CVA
- Altered baseline mental status

	Blood Glucose Analysis Procedure
B	12 Lead ECG Procedure <i>if indicated</i>
	IV or IO Access Protocol UP 6
P	Cardiac Monitor
	Altered Mental Status Protocol UP 4 <i>if indicated</i>
	Hypotension/ Shock Protocol AM 5 <i>if indicated</i>
	Suspected Stroke Protocol AM 7 <i>if indicated</i>
	Seizure Protocol UP 13 <i>if indicated</i>

B	<p>Blood Glucose ≤ 69 mg / dl and symptomatic No venous access Glucagon 1 – 2 mg IM Repeat in 15 minutes if needed</p>
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Encourage patients to eat, assist in getting or preparing food for immediate consumption

Pearls

- **Recommended exam: Mental Status, Skin, Respirations and effort, Neuro.**
- **Patients with prolonged hypoglycemia or those who are malnourished may not respond to glucagon.**
- **Do not administer oral glucose to patients who are not able to swallow or protect their airway.**
- **Quality control checks should be maintained per manufacturers recommendation for all glucometers.**
- **Patient's refusing transport to medical facility after treatment of hypoglycemia:**
 - Blood sugar must be ≥ 80 , patient has ability to eat and availability of food with responders on scene.
 - Patient must have known history of diabetes and not taking any oral diabetic agents.
 - Patient returns to normal mental status and has a normal neurological exam with no new neurological deficits.
 - Must demonstrate capacity to make informed health care decisions. See Universal Patient Care Protocol UP-1.
 - Otherwise contact medical control.
- **Hypoglycemia with Oral Agents:**
 - Patient's taking oral diabetic medications should be encouraged to allow transportation to a medical facility.
 - They are at risk of recurrent hypoglycemia that can be delayed for hours and require close monitoring even after normal blood glucose is established.
 - Not all oral agents have prolonged action so Contact Medical Control or NC Poison Control Center for advice.
 - Patient's who meet criteria to refuse care should be instructed to contact their physician immediately and consume a meal.
- **Hypoglycemia with Insulin Agents:**
 - Many forms of insulin now exist. Longer acting insulin places the patient at risk of recurrent hypoglycemia even after a normal blood glucose is established.
 - Not all insulins have prolonged action so Contact Medical Control for advice.
 - Patient's who meet criteria to refuse care should be instructed to contact their physician immediately and consume a meal.
- **Congestive Heart Failure patients who have Blood Glucose > 250:**
 - Limit fluid boluses unless patient has signs of volume depletion such as, dehydration, poor perfusion, hypotension, and/ or shock.
- In extreme circumstances with no IV / IO access and no response to glucagon, D50 can be administered rectally, Contact Medical Control for advice.