	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8002.01
	PROGRAM DOCUMENT:	Initial Date:	04/19/21
	Diabetic Emergency	Last Approved Date:	
		Effective Date:	07/01/22
		Next Review Date:	06/01/23

Signature on File   Signature on File

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EMS Medical Director   EMS Administrator

Purpose:

A. To serve as a treatment standard for patients exhibiting signs and symptoms of a diabetic emergency

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Protocol:

Hypoglycemia:

1. Decreased responsiveness (Glasgow Coma Score < 14),
2. Blood Glucose level ≤ 60mg/dl.
3. History of Diabetes
4. Determine, if possible, when patient was last observed normal.

BLS
1. Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
2. Airway adjuncts as needed.
3. Spinal motion restriction when indicated per PD# 8044.
4. Perform blood glucose determination
• Oral Glucose: Orange juice sweetened with sugar, regular soft drinks, candy, oral glucose paste or 50% dextrose only if the patient is alert and oriented. Have the patient swallow a small amount of water, and if tolerated, EMT may give glucose.
5. Transport.

ALS
1. Initiate vascular access and titrate to a Systolic Blood Pressure (SBP) > 90 mmHg.
2. If blood glucose > 60 mg/dl, consider other causes of decreased sensorium.
3. If blood glucose ≤ 60 mg/dl, treat as follows:
• Dextrose 10-12.5 grams IV. If blood sugar remains ≤ 60 mg/dl, give additional Dextrose 12.5-15 grams IV. May repeat for total of 50 grams.
4. If IV access is unavailable or delay is anticipated, treatment options are:
• Glucagon:1 mg Intramuscular (IM), **OR**
• Dextrose 10-12.5 grams IO. If blood sugar remains ≤ 60 mg/dl, give additional
• Dextrose 12.5-15 grams IO. May repeat for total of 50 grams.

> **NOTE:** Concentrations of 10% Dextrose (D10) or 50% Dextrose (D50) may be used.
> - If IV access is unavailable and the blood sugar ≤ 60 mg/dl or decreased responsiveness continues for more than five (5) minutes after administration of Glucagon, IO access should be established.
>
> 1   In the event of glucometer failure, administer 10-12.5 grams of Dextrose or 1 mg of Glucagon based on clinical assessment.
> 2.   Cardiac monitoring.

Hyperglycemia:

1. Blood Glucose Level ≥ 350mg/dl
2. History of Diabetes
3. Weakness
4. Confusion
5. Nausea/Vomiting
6. Fruity-smelling breath
7. Shortness of Breath
8. Coma

BLS
1.   Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
2.   Airway adjuncts as needed.
3.   Spinal motion restriction when indicated per PD# 8044.
4.   Perform blood glucose determination.
5.   If patient is seizing, protect the patient from further injury.
6.   Transport

ALS
1.   Perform blood glucose determination, if blood glucose ≥ 350 mg/dl and no evidence of fluid overload, initiate vascular access, and administer a Normal Saline bolus of 500ml.
2.   ~~ADVANCED~~ Airway adjuncts as needed
3.   Cardiac monitoring.

Cross Reference: PD# 8044 – Spinal Motion Restriction

Consider AEIOUTIPS:

Alcohol   Trauma
Epilepsy   Infection
Insulin   Psychiatric
Overdose   Stroke or Cardiovascular
Uremia