



DIABETIC; ADULT

History

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

Signs and Symptoms

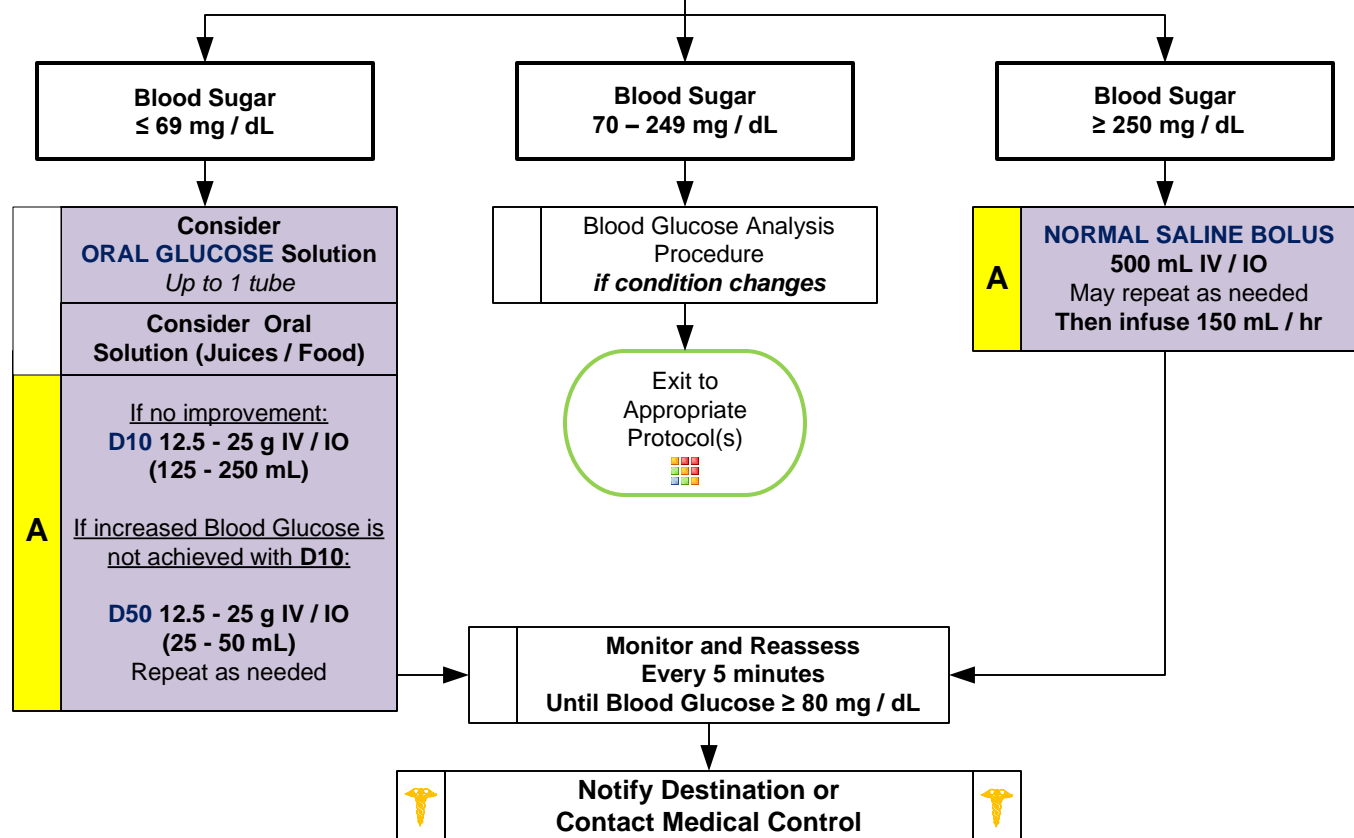
- Altered mental status
- Combative / irritable
- Diaphoresis
- Seizures
- Abdominal pain
- Nausea / vomiting
- Weakness
- Dehydration
- Deep / rapid breathing

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>

A Blood Glucose ≤ 69 mg / dl and symptomatic
No venous access
GLUCAGON 1 – 2 mg IM
Repeat in 15 minutes if needed





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For treatment/no transport calls, The following criteria must be met prior to patient signing refusal:

- blood glucose \geq 80 mg/dl
- patient awake and alert
- another adult present that accepts responsibility
- access to food/meal
- direction given for oral intake

The PCR should contain the preceding criteria. Contact medical control for advice if there are any deviations.

In patients with known history of violence after D50 administration, consider the administration of D10 or slow IV push of D50.

DO NOT DISCONTINUE OR ADJUST INSULIN PUMPS UNDER ANY CIRCUMSTANCES. ENSURE THAT THE PUMP REMAINS WITH THE PATIENT AT ALL TIMES.

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 \geq 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.