



EMSA-Intermediate Treatment Protocol 5604

Diabetic Emergencies

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Hypoglycemia or low blood sugar is a common emergency faced by diabetic patients. Rapid recognition and treatment by EMS personnel is important. Confusion and altered mental status are the most common symptoms of hypoglycemia, however, diabetic patients may have various complaints and are at risk for a multitude of medical problems. Diabetic patients may also become ill from hyperglycemia or high blood sugar, which may lead to diabetic ketoacidosis.

- A. Perform **MAMP Protocol 5201**.
- B. Assess level of consciousness and blood glucose level by glucometer.
- C. Draw blood sample.
- D. Contact Medical Command and treat as indicated in the following **Diabetic Treatment Chart**:

Blood sugar (BS) level	BS < 40 mg/dl	BS 40-80 mg/dl	BS >80 mg/dl
Awake/alert	Repeat reading. If still <40, administer D50W, 25 gm IV*.	Administer 15 gm of oral glucose by mouth and recheck blood glucose level.	Monitor patient closely. Note: other signs and symptoms, refer to "F" below.
Confused/unconscious	Administer D50W, 25 gm IV* and recheck blood glucose level.	Administer D50W, 25 gm IV* and recheck blood glucose level.	Recheck blood glucose level and consider other causes. Refer to "H" below.

* Pediatric dosing: D50W at 1.0 ml/kg for children older than two years.

D25W at 2.0 ml/kg for children younger than two years.

- E. If IV dextrose is indicated as above, but no IV is available, administer glucagon 1.0 mg, IM **per order of MCP**.





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F. If patient has signs and symptoms of diabetic ketoacidosis such as Kussmaul respirations, acetone smell on breath, and/or history of not taking insulin and blood glucose level is >80 mg/dl:

1. If no evidence of pulmonary edema or CHF, administer 20 ml/kg normal saline IV, then run at KVO.

2. Further treatment as **ordered by Medical Command.**



G. If signs of shock, refer to **Shock Protocol 5108** or **Pediatric Shock Protocol 5402.**

H. If patient is unconscious and blood glucose level is >80 mg/dl, **consult Medical Command** and consider treatment per **Unconscious Patient Protocol 5605.**

