

# DIABETIC EMERGENCIES

<b>EMR</b>	<ul style="list-style-type: none"> <li>❑ Airway, ventilation, and oxygen as needed</li> </ul>	<b>EMR</b>
<b>EMT</b>	<ul style="list-style-type: none"> <li>❑ Obtain blood glucose level</li> <li>❑ If glucose level is &lt; 60 mg/dl and patient is able to control airway administer <b>oral glucose</b>.</li> <li>❑ Re-assess and document blood glucose level after the administration of glucose, Dextrose, or Glucagon</li> </ul>	<b>EMT</b>
<b>AEMT</b>	<ul style="list-style-type: none"> <li>❑ If pt. is unable to take oral glucose, establish a large bore IV with Normal Saline.</li> <li>❑ Administer <b>Dextrose (12.5gm - 25gm) IV/IO</b>.</li> <li>❑ For hyperglycemia &gt; 250 mg/dL and patient exhibiting AMS, kussmaul respirations, dry skin with poor turgor, and/or ketotic breath: <b>NS 500 mL</b> fluid challenge then TKO and reassess. Consider rapid transport.</li> </ul>	<b>AEMT</b>
<b>EMT-I</b>	<ul style="list-style-type: none"> <li>❑ If unable to establish an IV, administer <b>Glucagon 1 mg IM</b>, repeat q 20 mins</li> <li>❑ If Glucagon is ineffective, and IV access is unobtainable, consider IO access.</li> <li>❑ If the patient refuses transport encourage them to eat protein or carbohydrates. If possible ensure the patient does not remain alone</li> </ul>	<b>EMT-I</b>
<b>PARAMEDIC</b>	<ul style="list-style-type: none"> <li>❑ If CBG &lt;60 mg/dL and suspicion of alcoholism/chronic malnutrition then, <b>Thiamine 100 mg</b> slow IV push (thiamine should be given prior to D50W).</li> </ul>	<b>PARAMEDIC</b>

## Clinical Care Pearls

- ❑ Hypoglycemia can present as confusion, Intoxication, Behavior problems, Stroke-like signs and symptoms, especially in elderly patients, seizures, and coma
- ❑ Check for unusual odor on patient's breath and medic alert tags.
- ❑ Pt history of diabetes, last insulin dose, and use of oral antidiabetic Rx should be noted.
- ❑ Hx regarding control diabetes and frequency of EMS intervention.
- ❑ If administering high concentration dextrose (D50W), dextrose should be administered through a running IV line with a minimum of 250 mL NS infused after administration