

DIABETIC EMERGENCIES - PEDIATRIC

EMR	<ul style="list-style-type: none"> ❑ Routine medical assessment and interventions ❑ Airway, ventilation, and oxygen as needed 	EMR
EMT	<ul style="list-style-type: none"> ❑ Obtain blood glucose level ❑ If glucose level is: <ul style="list-style-type: none"> ○ < 30 mg/dl for newborn – allow breast or bottle feed ○ < 45 mg/dl for infants and children – If able to swallow then may administer 1gm/kg oral glucose. ❑ Re-assess and document blood glucose level after the administration of any treatments 	EMT
AEMT	<ul style="list-style-type: none"> ❑ If pt. is unable to take oral glucose, establish IV/IO with Normal Saline. ❑ Administer Dextrose 0.5 gm/kg in D25W or lower concentration IV/IO <ul style="list-style-type: none"> ○ For neonates and newborns, consider diluting to D12.5W ❑ For hyperglycemia > 250 mg/dL and patient exhibiting AMS, kussmaul respirations, dry skin with poor turgor, and/or ketotic breath: <ul style="list-style-type: none"> ○ NS 20 ml/kg fluid challenge then TKO and reassess. ○ Rapid transport. 	AEMT
EMT-I	<ul style="list-style-type: none"> ❑ If unable to establish vascular access, may administer Glucagon 0.1 mg/kg IM max of 1mg ❑ If the patient is not transported, ensure they consume protein and/or carbohydrates to avoid additional hypoglycemic episode as dextrose/glucose are short acting. Ensure the patient does not remain alone 	EMT-I
PARAMEDIC		PARAMEDIC

Clinical Care Pearls

- ❑ Check for unusual odor on patient’s breath and medic alert tags.
- ❑ D25W should be administered through a running IV/IO line with a 10 to 20 ml/kg volume of NS infused after administration.
- ❑ Monitor closely for extravasation.
- ❑ To dilute D50W to lower concentration do the following:
 - **D25W** – expel 25ml of D50W and refill with 25ml of normal saline (result is 0.25gm/ml)
 - **D12.5W** – expel 37.5ml of D50W and refill with 37.5mL of normal saline (result is 0.125gm/ml)