Diabetic Emergencies

Signs and Symptoms

- Altered level of consciousness
- Diaphoresis
- Dizziness or fainting
- Combative
- Hypoglycemia (cool, diaphoretic skin)
- Hyperglycemia (Acetone odor, kussmaul respirations, signs of dehydration)

History

- Diabetic
- Low blood sugar
- Alcohol use
- Drug abuse
- Ingestion/overdose

Differential

- Stroke
- Seizure
- Drug Overdose
- Hypoglycemia
- Hyperglycemia
- Alcohol intoxication
- Cardio/pulmonary compromise, hypoxia, hypoperfusion
- Heat/cold emergencies
- Infection/sepsis
- Metabolic/electrolyte disturbance
- Trauma (Head injury, hypovolemia)
- Psychiatric

WARNINGS

! Patients who are taking oral medication for diabetes may be particularly susceptible to subsequent drops in blood glucose following treatment of hypoglycemia and should be urged to seek immediate medical care in the emergency department.

Care

B E I P

Follow general protocol #3, Orders for all Patients.

Determine blood glucose level

If the patient has an altered level of consciousness or you suspect patient may have a blood sugar abnormality:

B

If hypoglycemia is suspected, administer one (1) tube of **oral glucose** to the mucous membrane between the cheek and gum, using tongue depressor or bite stick.

Administer 2nd tube of **oral glucose** if the patient's condition does not improve.

E I P

If hyperglycemia is suspected, with signs of dehydration, deliver a 1000 ml bolus of **Normal Saline**.

E I P

If resources permit, begin administration of one (1) tube of **oral glucose**.

If not already done so, establish an IV of **Normal Saline** KVO.

If hypoglycemia is suspected, administer **Dextrose** 50% 25 grams SLOW IV.

If unable to establish IV access, administer **Glucagon** 1mg IM.

B E I P

Assess and document the patient's condition prior to and following the administration of the above medications and/or interventions on PPCR.

Pearls

- Evaluate the patient for any signs or symptoms that may indicate a cerebrovascular insult (e.g., unilateral neurological deficit, etc.), if present refer to Non-cardiac Emergencies Protocol #12 Stroke/TIA.
- Check to see if the patient has an insulin pump.
- When administering **oral glucose**, deliver slowly, ensuring the patient does not aspirate the **glucose**; protect the airway and suction as necessary.
- Alcohol intoxication can result in hypoglycemia.
- A patient who appears intoxicated may be having a diabetic or other type of emergency and should be thoroughly assessed.
- ! After administration of **glucose** if the patient is alert and oriented x 3 and refuses transport, contact Medical Control Physician and advise the patient to eat.
- Do not rely solely on glucometer reading to make treatment decisions.
- Patients may experience signs/symptoms of hypo/hyperglycemia despite normal blood glucose readings.
- A glucose reading < 70 mg/dL or > 150 mg/dL is generally considered to be abnormal.

Performance indicators

- Blood sugar level determined before and after administration of glucose.