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 Executive Director

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 Medical Director

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BLOOD SUGAR EMERGENCIES

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

Blood sugar testing is the only accurate method to determine if a patient is hypoglycemic or hyperglycemic. Symptoms are not specific.

Hypoglycemia: Blood glucose less than 75 mg/dl. Characterized by: ALOC, seizures, combativeness, disorientation, diaphoresis, shaking.

High Blood Sugar: Often triggered by an underlying infection. Characterized by: thirst and increased urination, confusion, dehydration, deep, and rapid respirations, nausea, vomiting, fruity odor on breath, missed insulin dose.

STANDING ORDERS

HYPOGLYCEMIA

ABC's

OXYGEN:

MONITOR: Treat rhythm as appropriate.

DRAW BLOOD SAMPLE: Test for glucose.

IV ACCESS TKO

DEXTROSE: 25 gms IV push – if blood glucose less than 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.

GLUCAGON: 1 unit IM – if no IV access immediately available and blood glucose less than 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.

HYPERGLYCEMIA

ABC's

OXYGEN:

MONITOR: Treat rhythm as appropriate.

DRAW BLOOD SAMPLE: Test for glucose.

IV ACCESS If systolic BP is less than 90, give 250 ml boluses to systolic BP 90-100. Reassess the patient after each bolus.

BASE PHYSICIAN ORDERS

RELEASE-AT-SCENE Competent adults with normal vital signs, blood sugar, and mental status 10 minutes after ALS intervention, may be released if a cause of their condition and its solution has been identified. Refer to Refusal of EMS Service Policy 570.35.