

APPROVED: Signature On File In EMS Office
 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 a patient ~~the~~ treatment standard for EMT-Is and Paramedics within their scope of practice.
- 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 60mg/dl. Characterized by: ALOC, seizures, combativeness, disorientation, diaphoresis, shaking.
 - Hyperglycemia: 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

ASSESS	CAB
OXYGEN	Oxygen delivery as appropriate
MONITOR	Treat rhythm as appropriate.
ACCUCHECK	Test for glucose
IV ACCESS	TKO If blood sugar is too high to measure, the patient is clinically dehydrated (dry mucous membranes, poor skin turgor, tachycardia, etc), AND the patient is not on dialysis, CONSIDER 500 cc bolus of normal saline.
DEXTROSE	25 gms IV push – if blood glucose less than 60 mg/dl. May repeat once. Recheck blood glucose 5 minutes after each dose. Give oral glucose solutions to patients who are awake and have an intact gag reflex.
GLUCAGON	1 unit IM – if no IV access immediately available and blood glucose less than 60 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.

HYPERGLYCEMIA

ASSESS	CAB
OXYGEN	Oxygen delivery as appropriate
MONITOR	Treat rhythm as appropriate.
ACCUCHECK	Test for glucose
IV ACCESS	If systolic BP is less than 90mmHg, 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.