

SECTION: M-06

PROTOCOL TITLE: ADULT HYPOGLYCEMIA

REVISED: November 1, 2017

GENERAL COMMENTS: Symptomatic hypoglycemia is defined as BG < 60 mg/dl with an altered LOC.

BLS SPECIFIC CARE: *See adult General Medical Care Protocol M-1*

If hypoglycemia is confirmed by glucometry: (BG < 60 mg/dl **with** symptoms):

- If the patient can hold a cup or plate without assistance, and can swallow on command, encourage the patient to consume simple and complex carbohydrates or oral glucose. Attempt to document volume of food/liquid ingested. If grams of sugar are known, document this as well
- Oral Glucose dosing and follow-up:
 - If simple and complex carbohydrates are not readily available or not feasible
 - Only if patient retains an intact, self-maintained airway, and can swallow on command
 - 15-45 g of glucose paste administered orally. The EMT may mix this in a liquid to make it more palatable for the patient
 - One (1) tube (24 g) PO self-administered by patient
 - Repeat if BG remains < 60 mg/dl with symptoms after 5 minutes
 - Re-assess BG every 5 minutes until BG \geq 80 with a normal mental status
- Treat and released only after ALS (Paramedic) evaluation

AEMT/O.M. Specific Care : *See adult General Medical Care Protocol M-1*

- Dextrose (D50% or D10%)
 - 12.5- 25 g administered slowly through the distal port of a free flowing IV line. 25 g if patient is unconscious. May start with 12.5 g if patient is conscious and responsive or suspected CVA
- Glucagon IM: (If unable to obtain IV access)
 - IM: 1 mg administered if IV access is not available
 - Vomiting may occur following administration

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ALS SPECIFIC CARE: See adult General Medical Care Protocol M-1

- Treat and Release:
 - Complete Diabetic Treat and Release checklist. Contact Medical Control if indicated.
 - Complete Refusal of Treatment and/or Transport form.
 - Attach all forms to patient care report.

PHYSICIAN PEARLS:

It is important to rule out other causes for altered mental status. This particularly includes, but is not limited to:

- Stroke
- Overdose/Medication error
- Closed head injury from falls or other causes.
- Sepsis

An inadequate amount of glucose for heat production, combined with profound diaphoresis, many hypoglycemic patients are at risk for hypothermia. Keep patient warm.

Patients who are consuming beta-blockers, or oral diabetic medications, that experience hypoglycemia are at a greater risk for relapse. These patients should have a responsible party with them after release.

Diabetics ages <12 and >65 tend to be more difficult to regulate.

The absence/presence of SZ during hypoglycemia should be assessed, and if present transport should be strongly encouraged.

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