

SECTION: PM-06

PROTOCOL TITLE: PEDIATRIC HYPER/HYPOGLYCEMIA

REVISED: November 1, 2017

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

BLS SPECIFIC CARE: See General Pediatric Care Protocol PM-1

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

- Infant/ Pediatric BG = < 60 mg/dl with symptoms
- Newborn/Neonate BG = <50 mg/dl
 - Normal Newborn/Neonate BG = 50-110 ml/dl

Simple carbohydrates/sugars:

- If the patient can hold a cup or plate without assistance (or fed by bottle or breast), and can swallow without difficulty, encourage the patient to consume simple carbohydrates.
- Attempt to document volume of food/liquid ingested (as appropriate). If grams of sugar are known, document this as well.
- Oral Glucose
 - If simple carbohydrates are not readily available or not feasible
 - Only if patient retains an intact and self-maintained airway
 - 5-45 g of glucose paste administered orally (providing the patient can swallow on command). Glucose paste may be mixed in a liquid to make it more palatable for the patient. The EMT may stop administration when the patient returns to a full state of awareness and baseline status. NOTE: A full 45 g is not likely to be needed

AEMT/O.M. Specific Care: See General Pediatric Care Protocol PM-1

Fluid Resuscitation

- If BG >300, give 20ml/kg fluid bolus 1 time.

ALS SPECIFIC CARE: See General Pediatric Care Protocol PM-1

If BG>300 (hyperglycemia):

- Cardiac Monitoring is indicated
- Fluid Resuscitation as needed if Hypotensive.
 - IV/IO: 20ml/kg fluid bolus
 - Hold for s/s of pulmonary edema
 - May repeat up to 3 times to a max of 60 ml/kg

If BG<60:

- Dextrose (D25% or D10%) IV/IO:

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- Birth to 3 months; use D10 10ml/kg slow IV/IO push
- >3 months; use D10 10ml/kg or D25 4 ml/kg slow IV/IO push
- Glucagon IM:
 - If unable to obtain IV/IO access
 - 0.02 mg/kg
 - Maximum of 1 mg (Unit)

PHYSICIAN PEARLS:

PEDIATRICS DO NOT FALL UNDER NORMAL TREAT & RELEASE GUIDLINES DUE TO AGE. CONTACT MEDICAL CONTROL FOR T/R

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.

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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