Protocol
M-06

SECTION: M-06

PROTOCOL TITLE: ADULT HYPOGLYCEMIA

REVISED: June 01, 2019

ADULT HYPOGLYCEMIA

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 >/= 80 with a normal mental status
- Treat and released only after ALS (Paramedic) evaluation
    - Complete Diabetic Treat and Release checklist. Contact Medical Control if indicated.
    - ALS provider shall co-sign chart of a lower level provider primarily caring for patient.
    - Complete necessary ESO charting/attachments

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. Rebolus PRN to maintain normoglycemia.
- 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*

PHYSICIAN PEARLS:

All treat and release procedures for hypoglycemic patients shall be overseen and co-signed by the lead responding ALS provider.

While the care of a hypoglycemic patient may be undertaken by any EMS provider with the appropriate skills and scope of practice for the situation, it is the desire of the medical directors that an ACCESS ALS provider (a paramedic) oversee the refusal process to ensure than any underlying concerns or pathologies (i.e. stoke, infection, self-care) are addressed and considered. Therefore all treat and release procedures for these patients(including hypoglycemia treat and release checklists) shall be co-signed by the lead responding ALS provider as appropriate.

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.

Difficulty in maintaining normoglycemia after resuscitation with dextrose should be assessed and transport strongly encouraged.