COUNTY OF SACRAMENTO
EMERGENCY MEDICAL SERVICES AGENCY

Program Document: **Diabetic Emergency (Hypoglycemia/Hyperglycemia)**
Policy Number: 8002.03

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Last Approved Date: 06/12/25

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Signature on File
EMS Medical Director

Signature on File
EMS Administrator

Purpose:

A. To serve as a treatment standard for patients exhibiting signs and symptoms of a diabetic emergency.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Protocol:

Hypoglycemia:

A. Decreased responsiveness (Glasgow Coma Score < 14)
B. Blood Glucose level ≤ 60mg/dl.
C. History of Diabetes

BLS:

1. Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 possible.
2. Airway adjuncts as needed.
3. Perform blood glucose determination.
4. If blood glucose is ≤ 60 mg/dl AND the patient is awake, able to cooperate and swallow, administer:
   a. oral glucose: orange juice sweetened with sugar, regular soft drinks, candy, oral glucose paste, or 50% dextrose only if the patient is alert and oriented. Have the patient swallow a small amount of water, and if tolerated, the EMT may give glucose.

5. Transport.

ALS:

1. Initiate vascular access.
2. If blood glucose > 60 mg/dl, consider other causes of decreased sensorium.
3. If blood glucose ≤ 60 mg/dl, treat as follows:
   a. Dextrose 12.5 grams IV. If blood sugar remains ≤ 60 mg/dl, give additional Dextrose 12.5-25 grams IV. May repeat for a total of 50 grams.

Note: Concentrations of 10% Dextrose (D10) or 50% Dextrose (D50) may be used.

4. If IV access is unavailable or delay is anticipated, utilize one of the following options:
   a. Glucagon: 1 mg Intramuscular (IM).
   b. Establish IO access and administer Dextrose 12.5 grams IV. If blood sugar remains ≤ 60 mg/dl, give additional Dextrose 12.5-25 grams IV. May repeat for a total of 50 grams.
5. In the event of glucometer failure, administer 12.5 grams of Dextrose or 1 mg of Glucagon based on clinical assessment.

Hyperglycemia:

A. Blood Glucose Level ≥ 350mg/dl
B. History of Diabetes
C. Weakness
D. Confusion
E. Nausea/Vomiting
F. Fruity-smelling breath
G. Shortness of Breath
H. Coma

BLS:

1. Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
2. Transport

ALS:

1. Perform blood glucose determination; if blood glucose ≥ 350 mg/dl and there is no evidence of fluid overload, initiate vascular access and administer a Normal Saline bolus of 500ml.

Cross Reference:

PD# 8003 – Seizures
PD# 8015 – Trauma
PD# 8020 – Respiratory Distress: Airway Management
PD# 8044 – Spinal Motion Restriction
PD# 8063 – Nausea and Vomiting
PD# 8829 – Noninvasive Ventilations

Consider AEIOUTIPS:

Alcohol	Trauma
Epilepsy	Infection
Insulin	Psychiatric
Overdose	Stroke or Cardiovascular
Uremia	