

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8002.03
	PROGRAM DOCUMENT:	Initial Date:	04/19/21
	Diabetic Emergency (Hypoglycemia/Hyperglycemia)	Last Approved Date:	06/22/23
		Effective Date:	11/01/25
		Next Review Date:	06/01/25

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:

1. Decreased responsiveness (Glasgow Coma Score < 14)
2. Blood Glucose level \leq 60mg/dl.
3. History of Diabetes

BLS
<ol style="list-style-type: none"> 1. Supplemental O₂ as necessary to maintain SpO₂ \geq 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 \leq 60 mg/dl AND the patient is awake, able to cooperate and swallow, administer: <ul style="list-style-type: none"> • 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
<ol style="list-style-type: none"> 1. initiate vascular access. 2. If blood glucose > 60 mg/dl, consider other causes of decreased sensorium. 3. If blood glucose \leq 60 mg/dl, treat as follows: <ul style="list-style-type: none"> • Dextrose 10-12.5 grams IV. If blood sugar remains \leq 60 mg/dl, give additional Dextrose 12.5-15 grams IV. May repeat for a total of 50 grams. <p>NOTE: Concentrations of 10% Dextrose (D10) or 50% Dextrose (D50) may be used.</p> <ol style="list-style-type: none"> 4. If IV access is unavailable or delay is anticipated, utilize one of the following options: <ul style="list-style-type: none"> • Glucagon: 1 mg Intramuscular (IM).

- Establish IO access and administer Dextrose 10-12.5 grams IV. If blood sugar remains ≤ 60 mg/dl, give additional Dextrose 12.5-15 grams IV. May repeat for a total of 50 grams.
6. In the event of glucometer failure, administer 10-12.5 grams of Dextrose or 1 mg of Glucagon based on clinical assessment.

Hyperglycemia:

1. Blood Glucose Level ≥ 350 mg/dl
2. History of Diabetes
3. Weakness
4. Confusion
5. Nausea/Vomiting
6. Fruity-smelling breath
7. Shortness of Breath
8. Coma

BLS
<ol style="list-style-type: none"> 1. Supplemental O₂ as necessary to maintain SpO₂ $\geq 94\%$. Use the lowest concentration and flow rate of O₂ as possible. 2. Transport
ALS
<ol style="list-style-type: none"> 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	