

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	<b>Document #</b> 9007.04
	<b>PROGRAM DOCUMENT:</b>  <b>Pediatric Diabetic Emergency</b> <b>(Hypoglycemia/Hyperglycemia)</b>	<b>Initial Date:</b> 07/26/21
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

### Purpose:

- A. To establish treatment standards 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:

- A. The ability to maintain temperature in prehospital settings in pediatric patients is a significant problem with a dose-dependent increase in mortality for temperatures below 37°C or 98.6°F. Simple interventions to prevent hypothermia can reduce mortality. During transport, warm and maintain normal temperature, being careful to avoid hyperthermia.
- B. Perform blood glucose determination.

### Hypoglycemia:

1. Blood Glucose Level  $\leq$  60 mg/dl
2. History of Diabetes
3. Weakness
4. Confusion
5. Nausea/Vomiting
6. Coma

### BLS

1. Supplemental O<sub>2</sub> as necessary to maintain SpO<sub>2</sub>  $\geq$  94%. Use the lowest concentration and flow rate of O<sub>2</sub> as possible.
2. Airway adjuncts as needed.
3. If trauma is suspected, assess for traumatic injury and/or need for Spinal Motion Restriction (SMR) when indicated per PD# 8044.
4. If the patient is seizing, protect the patient from further injury.
5. If Blood Glucose is  $\leq$  60 mg/dl:
  - If the patient is alert and oriented, consider orange juice sweetened with sugar, regular soft drinks, or oral glucose paste. Have the patient swallow a small amount of water, and if tolerated, EMT may give glucose paste.
6. Transport.

ALS
<ol style="list-style-type: none"> <li>1. Initiate vascular access. Titrate to an appropriate Systolic Blood Pressure for the patient's age.</li> <li>2. If blood glucose <math>\geq 60</math> mg/dl, consider other causes of decreased sensorium.</li> <li>3. If blood glucose <math>\leq 60</math> mg/dl and the patient doesn't tolerate oral glucose, treat as follows: <ul style="list-style-type: none"> <li>• Under 2 years old: D10, 5 ml/kg.</li> <li>• 2-14 years old: D25, 2 ml/kg or D50 1 ml/kg.</li> <li>• If D10 is only available give 5 ml/kg in this age group.</li> </ul> </li> </ol> <p><b>NOTE:</b> if blood glucose remains <math>\leq 60</math> mg/dl a repeat dose may be given.</p> <ol style="list-style-type: none"> <li>4. If blood sugar remains <math>\leq 60</math> mg/dl, give additional Dextrose 0.5 gm/kg up to 12.5 gm.</li> <li>5. If IV access is unavailable or delay is anticipated, treatment options are: <ul style="list-style-type: none"> <li>• Glucagon 0.5 mg Intramuscular (IM) if blood sugar <math>\leq 60</math> mg/dl OR</li> <li>• Dextrose IO as per dosages above.</li> <li>• If blood sugar remains <math>\leq 60</math> mg/dl, give additional Dextrose as per the doses above.</li> </ul> </li> <li>6. Airway management as needed per PD# 8020.</li> </ol> <p><b>NOTE:</b> Concentrations of 10% Dextrose (D10), 25% (D25), or 50% Dextrose (D50) may be used.</p> <ul style="list-style-type: none"> <li>• If IV access is unavailable and the blood sugar <math>\leq 60</math> mg/dl or decreased responsiveness continues for more than fifteen (15) minutes after administration of Glucagon, IO access should be established.</li> <li>• Cardiac monitoring.</li> </ul>

#### Hyperglycemia:

1. Blood Glucose Level  $\geq 350$ 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"> <li>1. Supplemental O<sub>2</sub> as necessary to maintain SpO<sub>2</sub> <math>\geq 94\%</math>. Use the lowest concentration and flow rate of O<sub>2</sub> as possible.</li> <li>2. Pediatric Airway Management as needed per PD# 8837.</li> <li>3. Spinal motion restriction when indicated per PD# 8044.</li> <li>4. Perform blood glucose determination.</li> <li>5. If the patient is seizing, protect the patient from further injury.</li> <li>6. Transport.</li> </ol>
ALS
<ol style="list-style-type: none"> <li>1. Perform blood glucose determination. If blood glucose <math>\geq 350</math> mg/dl and there is no evidence of fluid overload, initiate vascular access and administer a Normal Saline bolus of 20 mg/kg.</li> <li>2. Airway adjuncts as needed.</li> <li>3. Cardiac Monitoring.</li> <li>4. Ondansetron when indicated for Nausea/Vomiting per PD# 9020.</li> </ol>

**Consider AEIOUTIPS:**

Alcohol	Trauma
Epilepsy	Infection
Insulin	Psychiatric
Overdose	Stroke or Cardiovascular
Uremia	

**Cross Reference:** PD# 8044 – Spinal Motion Restriction  
PD# 9020 – Nausea and Vomiting  
PD# 8015 – Trauma  
PD# 9016 – Pediatric Parameters  
PD# 8837 - Pediatric Airway Management