



# Pediatric Diabetic Emergencies

## History

- Past medical history
- Medications
- Recent blood glucose check
- Last oral intake
- Type I or Type II diabetic

## Signs and Symptoms

- Altered mental status
- Combative or irritable
- Diaphoresis
- Seizure
- Abdominal pain
- Nausea or vomiting
- Weakness
- Dehydration
- Deep or rapid breathing

## Differential

- Alcohol or drug use
- Toxic ingestion
- Trauma or head injury
- Seizure
- Stroke
- Altered baseline mental status

PD# 9021 – Pediatric Behavior Crisis  
*if indicated*

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Blood glucose analysis:  
Suspected hypoglycemia (glucometer results read  $\leq 60$ mg/dl) or hyperglycemia (glucometer results read  $\geq 350$ mg/dl)

Supplemental O<sub>2</sub> as necessary to maintain SpO<sub>2</sub>  $\geq 94\%$

Cardiac monitor

12-Lead ECG procedure

*if indicated*

Establish IV & Titrate appropriate SBP for the patients age

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Blood glucose  $\leq 60$ mg/dl

Able to follow commands but symptomatic

Yes

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Consider Oral Glucose

No

**Under 2 years old:** D10, 5 ml/kg  
**2-14 years old:** D25, 2ml/kg or D50, 1ml/kg or D10, 5ml/kg

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No venous access

**Glucagon IM**

0.5 mg

Repeat in 15 minutes if needed

Improving?

Yes

No

If blood glucose  $< 60$ mg/dl

**Repeat**

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Improving?

No

Transport

Consider IO access – Dextrose IO as per dosages above.

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Blood glucose  $\geq 350$ mg/dl

**Normal Saline bolus IV**  
20 mg/kg

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Hypotension?

Yes

No

**DRAFT**

## Pearls

- Do not administer oral glucose to patients that are not able to swallow or protect their airway.
- Patients with prolonged hypoglycemia may not respond to Glucagon.



## Treatment Protocol 9007