



POLICY PEDIATRIC M8 HYPERGLYCEMIA

Effective Date : November 18, 2018

Last Review: New Policy

Next Review: November 2020

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION:

Characterized by: thirst and increased urination, confusion, dehydration, deep, and rapid respirations, nausea, vomiting, fruity odor on breath, missed insulin dose, or non-compliant with diabetic medications. Determine if patient has been diagnosed with diabetes previously.

BLS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, Assist ventilations as necessary.

VITALS: assess vitals

BLOOD SUGAR CHECK: test blood sugar

ALS TREATMENT:

MONITOR: treat rhythm as appropriate

BLOOD SUGAR CHECK: test blood sugar

CAPNOGRAPHY: if blood sugar is **200 mg/dl or GREATER**, assess capnography value, ETCO2 readings of **25mmHg or LESS** is suggestive of acidosis (**DKA**)

IV/IO ACCESS: If blood sugar is **200 mg/dl or GREATER** and ETCO2 of **25mmHg or LESS** then give fluid bolus of **20 ml/kg**; refer to length based assessment tape. **DO NOT START IO IF PATIENT HAS A GCS OF 14 OR GREATER.**

MAKE BASE HOSPITAL CONTACT FOR REPEAT FLUID BOLUSES.

Refer to length based assessment tape for drug doses and proper equipment sizes.