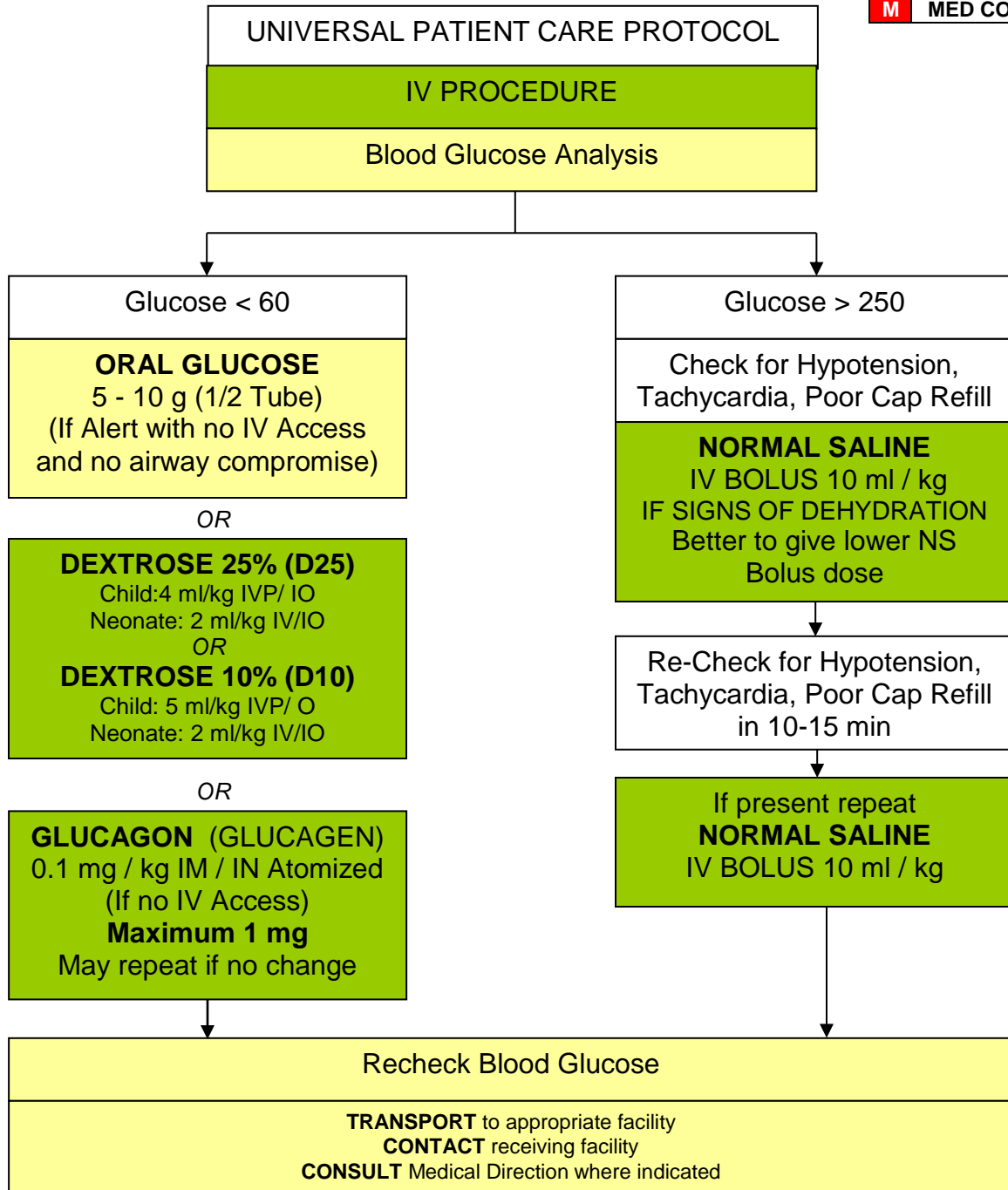




Section 10: Pediatric Medical Emergencies Protocols

PEDS MEDICAL EMERGENCIES: DIABETIC EMERGENCIES

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M





Section 10: Pediatric Medical Emergencies Protocols

PEDS MEDICAL EMERGENCIES: DIABETIC EMERGENCIES-Cont.

PEARLS and KEY POINTS

HYPOGLYCEMIA

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> Known diabetic, medic alert tag Past medical history Medications Recent blood glucose level 	<ul style="list-style-type: none"> Altered level of consciousness Dizziness Irritability Diaphoresis Convulsions Hunger Confusion 	<ul style="list-style-type: none"> ETOH Toxic overdose Trauma Seizure Syncope CSN disorder Stroke Tumor Pre-existing condition

HYPERGLYCEMIA

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> Known diabetic, medic alert tag Past medical history Medications Recent blood glucose level 	<ul style="list-style-type: none"> Altered level of Consciousness / coma Abdominal pain Nausea / vomiting Dehydration Frequent thirst and urination General weakness malaise Hypovolemic shock Hyperventilation Deep / rapid respirations 	<ul style="list-style-type: none"> ETOH Toxic overdose Trauma Seizure Syncope CSN disorder Stroke Diabetic ketoacidosis

Hyperglycemia:

- Diabetic Ketoacidosis(DKA) is a complication of diabetes mellitus. It can occur when insulin levels become inadequate to meet the metabolic demands of the body for a prolonged amount of time (onset can be within 12 - 24 hours). Without enough insulin the blood glucose increases and cellular glucose depletes. The body removes excess blood glucose by dumping it into the urine. Pediatric patients in DKA should be treated as hyperglycemic under the Pediatric Diabetic Emergencies Protocol.
- Patients can have Hyperglycemia without having DKA.
- If DKA is overly aggressively treated with Fluid boluses it may have a negative effect especially if first episode of DKA.

Hypoglycemia:

- Always suspect Hypoglycemia in patients with an altered mental status.
- If a blood glucose analysis is not available, a patient with altered mental status and signs and symptoms consistent with hypoglycemia should receive Dextrose (D25), Dextrose 10% (D10), or Glucagon (Glucagen).
 - Dextrose is used to elevate blood glucose level but it will not maintain it. The patient will need to follow up with a meal, if not transported to a hospital.
- If the patient is alert and has the ability to swallow; consider administering oral glucose, have patient drink orange juice with sugar or a sugar containing beverage, or have the patient eat a candy bar or meal.
- Check the patient's glucose level after the administration of Dextrose (D25), Dextrose 10% (D10), Glucagon (Glucagen), or after any attempt to raise the patient's blood glucose level.

Miscellaneous:

- If IV access is successful after Glucagon (Glucagen) IM / IN and the patient is still symptomatic, Dextrose 25% (D25) 4 ml / kg IVP / IO or Dextrose 10% (D10) 5 ml / kg IVP / IO should be administered to a child