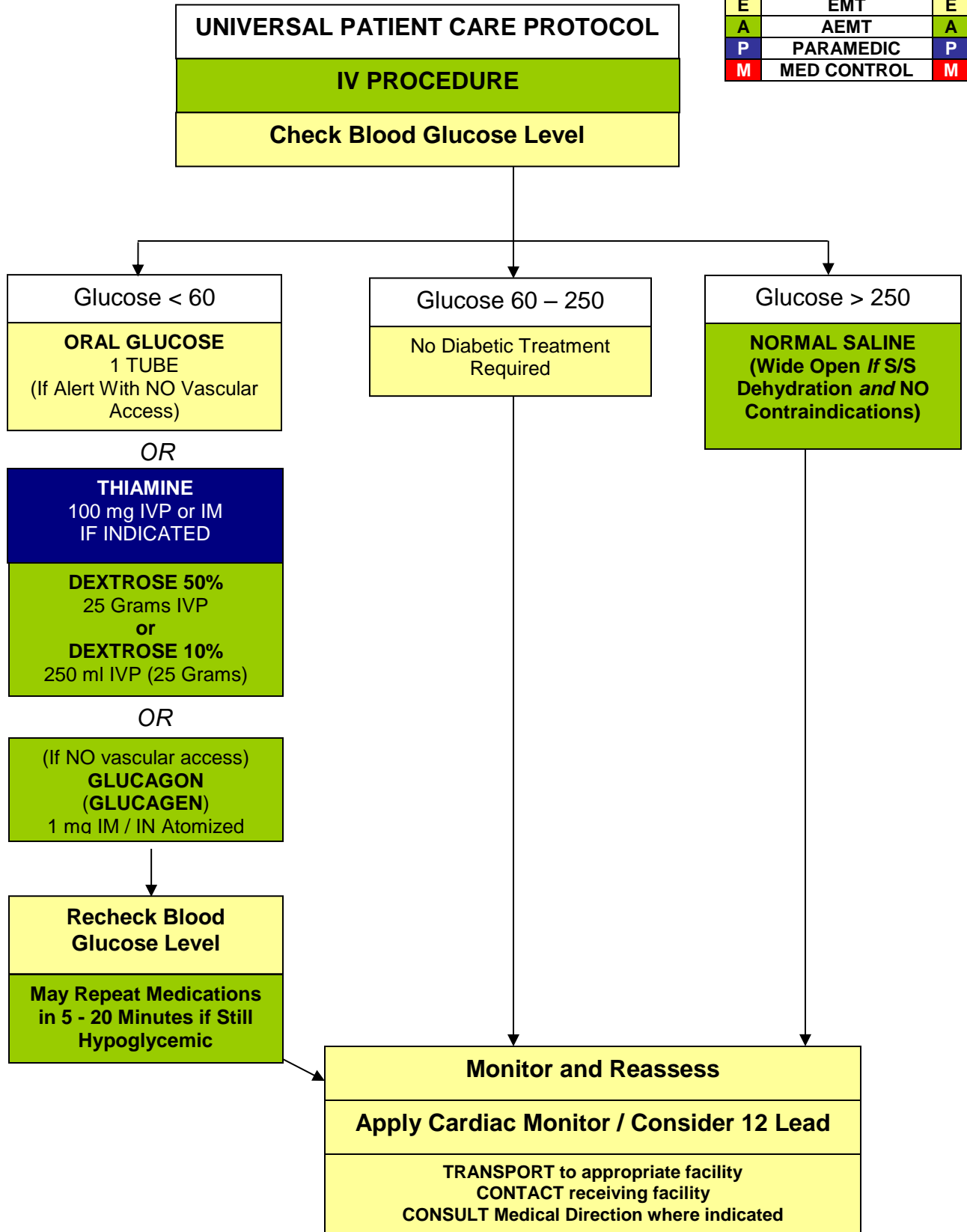




# Section 5: Adult Medical Emergencies Protocol

## ADULT MEDICAL EMERGENCIES: DIABETIC EMERGENCIES

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





# Section 5: Adult Medical Emergencies Protocol

## ADULT MEDICAL EMERGENCIES: DIABETIC EMERGENCIES-Cont.

### PEARLS and KEY POINTS

#### HYPOGLYCEMIA

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

#### HYPERGLYCEMIA

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

Hypoglycemic patients who are receiving oral hypoglycemics should be **STRONGLY** urged to be transported to the hospital. The half-life of such oral medications is long and these patients will need to be closely monitored for recurrent hypoglycemia.

#### 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 Emergency Protocol.
- Patients can have hyperglycemia without having DKA.

#### Hypoglycemia:

- Patients on oral antiglycemic medication and not on insulin can have repeat episodes.**
- 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 or Glucagon (Glucagen).
- Dextrose is used to elevate blood sugar **but it will not maintain it**. The patient will need to follow up with a meal (carbs), if not transported to a hospital.

#### Miscellaneous:

- If IV access is successful after Glucagon (Glucagen) IM and the patient is still symptomatic, Dextrose IVP can be administered.
- For alcoholic or malnourished patients, give 100 mg Thiamine IVP or IM before giving glucose to avoid possible Wernicke's encephalopathy.
- Report presence of Insulin pump to ED staff during bedside report