DIABETIC EMERGENCIES

Adult Medical

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Austin County EMS Protocol & Guideline	
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Overview: Diabetic emergencies drastically affect the metabolism. Diabetic emergencies cannot be dismissed as "common" and all patients must be evaluated for underlying and obscure etiologies causing the presentation.

Definition:

- **HYPOglycemia** defined as a patient with symptoms and BGL less than 60 mg/DL or with symptomatic evidence of hypoglycemia
- **HYPERglycemia** defined as BGL of 120 mg/DL or higher, but typically not treated until symptomatic with BGL greater than 250 mg/DL or symptomatic evidence of hypoglycemia.

EMT

- **Oxygen** administration as appropriate to the patient presentation
- **Airway Adjuncts** (Supraglottic Airway, OPA, NPA.), EtCO2 monitoring appropriate to patient presentation
- **Obtain BGL**
- **Oral Glucose**, orange juice, or palatable form of glucose if patient has intact gag reflex and is able to swallow the substance(s) without compromising the airway
- **Glucagon 1mg IM-if unable to safely administer Oral Glucose to patient**

AEMT

- **IV- Normal Saline**

Hypoglycemia

- **Thiamine 100mg** IV/IO/IM prior to D50 IF patient appears malnourished or known alcohol abuse
- **Dextrose 25% or 50%** up to 25g IV if patient is symptomatic

Paramedic

Hyperglycemia

- **Normal Saline** challenge up to 20 ml/kg. May repeat PRN.
- **Oxygen**: High flow is preferred if showing signs of metabolic acidosis

PEARLS

- Ensure accurate BGL reading prior to and post administration of glucose and/or glucagon considering the absorption rate of the administered glucose.
- Glucagon may take 15-20 minutes to reach a therapeutic effect post administration; allow for the medication to take effect unless an immediate threat to ABC develops.
- Patients in DKA benefit from delivery of high concentrations of oxygen (NRB) and aggressive fluid administration. 20g or 18g IV is adequate to achieve this goal.
- **Constantly assess for pulmonary edema/fluid overload to ensure appropriate volume of fluid administration.**
- Routine Thiamine administration is not needed. Patients that benefit from Thiamine are ones that present obviously malnourished and/or chronic ETOH abuse is present.