

SYMPTOMS: Adult or pediatric patient with history of diabetes and/or with blood glucose lower than 60 mg/dL and symptoms of hypoglycemia – altered level of consciousness, seizure, stroke symptoms. Pediatric patient with suspected alcohol ingestion. Adult patient who appears intoxicated.

#### Assessment, Treatment and Interventions

#### ALL LEVELS

1. Conduct primary assessment.

#### EMR-O; EMT-R

2. Obtain and monitor vital signs including pulse, respiratory rate, SpO<sub>2</sub> and blood pressure.
3. Assess blood glucose level.
4. Evaluate for presence of automatic external insulin delivery device (insulin pump).
5. If blood glucose level 60 mg/dL and patient is conscious with a patent airway, administer oral glucose in the form of glucose tablets, glucose, gel, tube of cake icing, etc..
6. Reassess vital signs and mental status.
7. Repeat check of blood glucose level.

#### EMT-O

8. If blood glucose level 60 mg/dL and patient is unconscious or unable to protect their airway:
  - a. Administer glucagon IM/IN [Adult: 1mg IM/IN; Pediatric: <20 kg: 0.5 mg IM/IN, >20kg: 1 mg IM/IN]
  - b. Remove or disable insulin pump if above treatments cannot be completed.

#### AEMT-R

9. Administer dextrose IV in incremental doses until mental status improves or maximum field dosing is reached.

#### Disposition:

- a. If hypoglycemia with continued symptoms, transport to closest appropriate receiving facility.
- b. If hypoglycemia with seizure transport to the hospital regardless of their mental status and response to therapy.
- c. If hypoglycemia resolves after treatment, consider release without transport **only if ALL** the following are true:
  - i. Repeat glucose is greater than 80 mg/dL.
  - ii. Patient takes only short-acting insulin or metformin to control diabetes
  - iii. Patient does not take oral antiglycemics.
  - iv. Patient returns to normal mental status, with no focal neurologic signs/symptoms after receiving glucose/dextrose.
  - v. Patient can promptly obtain and will eat a carbohydrate meal.
  - vi. Patient or legal guardian refuses transport and EMS providers agree transport not indicated.
  - vii. A reliable adult will be staying with patient.
  - viii. No major co-morbid symptoms exist like chest pain, shortness of breath seizures, intoxication.
  - ix. A clear cause of the hypoglycemia is identified (e.g. missed meal).