



Jackson Hole Fire/EMS Operations Manual

Approved by: Will Smith, MD, Medical Director

Approved by: Brady Hansen, Chief

Title: **Treatment Protocol:
Diabetic Emergencies**

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DIABETIC EMERGENCIES (Treatment Protocol)

ALL PROVIDERS

- Determine level of responsiveness (AVPU)
 - Follow altered level of consciousness protocol if patient is not alert
- Check ABC's, if airway is compromised, follow airway management protocol
- If patient is conscious with intact gag reflex:
 - Administer oral glucose 15 gm PO, repeat if necessary
 - Supplement with high sugar juices followed by starch source such as bread (peanut butter sandwich), milk, etc

ADULT

EMT-BASIC PROVIDER

- Check BGL with glucometer

PEDIATRIC

EMT-BASIC PROVIDER

- Check BGL with glucometer

EMT-INTERMEDIATE PROVIDER

- Place patient on cardiac monitor
- Establish large bore IV (18 g or larger)
- If hyperglycemic (BGL > 250), administer NS wide-open and contact medical control
 - If hypoglycemic (BGL < 60),
Dextrose Infusion D10W
premixed 250mL bag, Titrate to patient condition and response.
- Consider obtaining ETCO2 waveform and numerical value. Treat accordingly
- Consider Glucagon if unable to gain vascular access.

EMT-INTERMEDIATE PROVIDER

- Place patient on cardiac monitor
- Establish large bore I.V. (20 g or larger)
- If hyperglycemic (BGL > 250), administer NS bolus of 20 ml/kg and contact medical control
 - If hypoglycemic (BGL < 60),
Dextrose Infusion D10W premixed 250mL bag, Titrate to patient condition and response.
- Consider obtaining ETCO2 waveform and numerical value. Treat accordingly
- Consider Glucagon if unable to gain vascular access.

EMT-PARAMEDIC PROVIDER

- Follow as above

EMT-PARAMEDIC PROVIDER

- Follow as above

If hypoglycemic patients have returned to baseline and wish to refuse care, make certain that the patient eats and that there is someone to observe them for repeat hypoglycemic episodes.