

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Diabetic Emergencies

Overview: Diabetic Emergencies can range from a mild reaction to a very severe life threatening condition depending on whether the cause is hypoglycemia or hyperglycemia. This protocol is intended to help the EMS Responder assess and treat the spectrum of diabetic emergencies.

INFORMATION NEEDED

- History of Diabetes.
- History of this episode (rapid or slow onset)
- Time of last meal
- Time last medication taken—oral hypoglycemic or insulin?

OBJECTIVE FINDINGS

- Altered level of consciousness
- Combativeness
- Cold, clammy skin
- Seizure
- Dizziness, weakness
- Odor of breath
- Blood glucose level

TREATMENT

- RMC
- Determine blood glucose level—should be >60
- If patient alert with intact gag reflex with glucose < 60 and/ or exhibiting signs of hypoglycemia, give **oral glucose gel** or fruit juice with sugar added
- If suspected Stroke or TIA do not use sugar until Medical Control is contacted
- If patient is unresponsive and blood sugar is <60 administer **Glucagon 1 mg IM.**

Documentation of adherence to protocol:

- Blood glucose level
- Level of Consciousness
- Status of gag reflex
- Response of patient to treatment given

Medical Control Contact Criteria

- If patient presenting with s/s of Stroke/TIA

PRECAUTIONS AND COMMENTS

- **Always assess for treatable etiologies**
- Make sure airway is patent and gag reflex intact
- Contact Medical control with any patient exhibiting s/s of Stroke/TIA

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic**

SMO: Diabetic Emergencies

Overview: Diabetic Emergencies can range from a mild reaction to a very severe life threatening condition depending on whether the cause is hypoglycemia or hyperglycemia. This protocol is intended to help the EMS Responder assess and treat the spectrum of diabetic emergencies.

INFORMATION NEEDED

- History of Diabetes.
- History of this episode (rapid or slow onset)
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OBJECTIVE FINDINGS

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- Combativeness
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- Dizziness, weakness
- Odor of breath
- Blood glucose level

TREATMENT

- RMC
- Determine blood glucose level --should be >60
- If patient alert with intact gag reflex with glucose < 60 and/ or exhibiting signs of hypoglycemia, give **oral glucose gel** or fruit juice with sugar added
- Establish IV of Normal Saline at TKO rate.
- If patient unresponsive or without gag reflex give 50 ml of **50% Dextrose IV push**
- If unable to establish IV give **Glucagon 1 mg IM**
- If patient exhibiting s/s of Stroke/TIA contact Medical Control before administering any sugar
- For suspected Ketoacidosis run 500cc Normal Saline IV wide open. Contact Medical control for further orders.
- Reassess patient after medication given. If no change in condition contact Medical Control for further orders

Documentation of adherence to protocol:

- Blood glucose level
- Level of Consciousness
- Status of gag reflex
- Results of treatment provided

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

Medical Control Contact Criteria

__ Contact Medical Control for any patient with s/s Stroke/TIA before giving any sugar
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PRECAUTIONS AND COMMENTS

- **Always assess for treatable etiologies**
- Make sure airway is patent and gag reflex intact
- Make sure that IV site is patent before, during, and after drug administration of 50%Dextrose
- Contact Medical control with any patient exhibiting s/s of Stroke/TIA