

Protocol
M-7-a

SECTION: M-7-a

PROTOCOL TITLE: ADULT HYPOGLYCEMIA

REVISED: 15 April 2006

GENERAL COMMENTS: Symptomatic hypoglycemia is defined as BG < 60 mg/dl with an altered LOC.

BLS SPECIFIC CARE: *See adult General Medical Care Protocol M-1*

- Protect the patient from harm and keep the patient calm.
- Aggressively monitor and protect the airway. Administer supplemental oxygen as tolerated by the patient.
- While current state of Idaho BLS regulations do not permit use of a glucometer by BLS personnel, it is acceptable to encourage a family member to obtain a glucometer reading if one is available. Document as appropriate.
- Follow ACEMS *Guidelines for Treat and Release of Hypoglycemic Patients*.

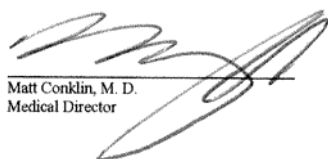
Simple carbohydrates/sugars:

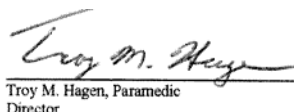
- If the patient can hold a cup or plate without assistance, and can swallow on command, encourage the patient to consume simple and complex carbohydrates. Attempt to document volume of food/liquid ingested. If grams of sugar are known, document this as well.
- Oral Glucose
 - If simple and complex carbohydrates are not readily available or not feasible.
 - Only if patient retains an intact, self-maintained airway, and can swallow on command.
 - 15-45 g of glucose paste administered orally. The EMT may mix this in a liquid to make it more palatable for the patient.

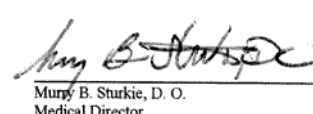
ILS SPECIFIC CARE: *See adult General Medical Care Protocol M-1*

ALS SPECIFIC CARE: *See adult General Medical Care Protocol M-1*

- Dextrose 50% (D50W)
 - IV: 12.5-50 g titrated as required to maintain normal mental status.
 - May be mixed in a volume of crystalloid up to 250 cc to ease return to baseline mental status at paramedic discretion.
- Glucagon
 - IM: 1 mg administered if IV access is not available.


Matt Conklin, M. D.
Medical Director


Troy M. Hagen, Paramedic
Director


Murry B. Sturkie, D. O.
Medical Director

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PHYSICIAN PEARLS:

An inadequate amount of glucose for heat production, combined with profound diaphoresis, many hypoglycemic patients are at risk for hypothermia. Keep patient warm.

Patients who are consuming beta-blockers, or oral diabetic medications, that experience hypoglycemia are at a greater risk for relapse. These patients should have a responsible party with them after release.

Diabetics ages <12 and >65 tend to be more difficult to regulate.

The absence/presence of SZ during hypoglycemia should be assessed, and if present transport should be strongly encouraged.

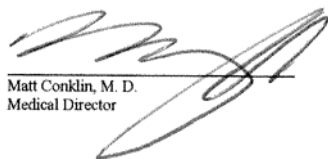
The following checklist is reproduced as a reference from the *Ada County EMS Treat And Release Check Sheet For Hypoglycemic Patients*.

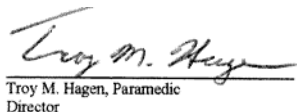
All items in this section must have a YES answer:

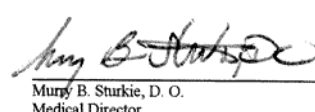
YES NO

<input type="checkbox"/>	<input type="checkbox"/>	1. Is there a clear reason for the hypoglycemic episode?
<input type="checkbox"/>	<input type="checkbox"/>	2. Is the patient alert and oriented?
<input type="checkbox"/>	<input type="checkbox"/>	3. Is the patient's repeat BG above 80 mg/dl?
<input type="checkbox"/>	<input type="checkbox"/>	4. Has the patient's BG been well controlled prior to this episode?
<input type="checkbox"/>	<input type="checkbox"/>	5. Is the patient able to eat a complex carbohydrate meal?
<input type="checkbox"/>	<input type="checkbox"/>	6. Does the patient have regular, on-going physician care?
<input type="checkbox"/>	<input type="checkbox"/>	7. Is the patient comfortable with non-transport?
<input type="checkbox"/>	<input type="checkbox"/>	8. Is the patient/guardian willing to sign a release form?
<input type="checkbox"/>	<input type="checkbox"/>	9. Is there another responsible person with the patient?
<input type="checkbox"/>	<input type="checkbox"/>	10. Is the patient's temperature within normal limits? (95 - 100.4 Fahrenheit)
<input type="checkbox"/>	<input type="checkbox"/>	11. The patient is free of the influence of alcohol or other CNS altering drugs?

ANY NO ANSWER ABOVE REQUIRES CONTACT WITH MEDICAL CONTROL PRIOR TO RELEASE.


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