



**Notes:**

- Consider hypoglycemia and check blood glucose for altered mental status, agitation, neurological deficits, seizure, weakness, diaphoresis, pallor.
- Diabetic Ketoacidosis (DKA) is a life-threatening complication of severe insulin deficiency
  - a. Symptoms: Polyuria, polydipsia, dehydration, vomiting, abdominal pain, fruity odor breath, altered mental status, Kussmaul breathing (deep, labored breathing pattern).

**BLS Interventions**

- Refer to OCEMS BLS Standing Orders SO-B-001.
- Assess blood glucose and treat per OCEMS SO-B-003.
  - ▶ **Oral glucose** preparation, if airway reflexes are intact

**ALS Interventions**

- Assess blood glucose.
- Obtain IV if applicable.
- If blood glucose  $\leq 60$ , treat hypoglycemia. If blood glucose 60-80, treat patient if symptomatic:
  - ▶ **Oral glucose** preparation, if airway reflexes are intact
  - ▶ **10% Dextrose 250 mL IV** - once, may titrate until symptoms improve
  - ▶ **Glucagon 1 mg IM** - once, if unable to establish IV
- If blood glucose  $\geq 250$  and symptomatic, consider DKA:
  - a. Administer high-flow oxygen by mask or nasal cannula at 6 L/min flow rate if tolerated
  - b. Cardiac monitoring.
  - c. Obtain IV and administer:
    - ▶ **Normal Saline 250mL IV bolus** – may repeat up to 1 liter to maintain adequate perfusion
  - d. EtCO<sub>2</sub> monitoring.
- Treat for nausea or vomiting and not suspected or known to be pregnant:
  - ▶ **Ondansetron (Zofran) 8 mg ODT** - once
  - ▶ **Ondansetron (Zofran) 4 mg IV** – may repeat once after 3 minutes

**Transport Considerations**

- If mental status, vital signs, pulse oximetry are normal AND:
  - a. Glucose  $\leq 250$  and no other complaint exists requiring ALS intervention/transport, may transport BLS.
  - b. Glucose  $\geq 250$  but  $\leq 400$ , and no other complaint exists requiring ALS intervention, may transport BLS if no other co-morbidities exist.



- ALS transport if patient has history of:
  - Active cancer
  - Renal Failure
  - Liver disease
  - Immunosuppression
  - Active abdominal pain with vomiting
  - Congestive Heart Failure
  - Organ transplant
  - Frail elderly
- Glucose  $\geq 250$  and any of the following symptoms, transport ALS and consider DKA:
  - Confused/lethargic
  - Heart rate  $\geq 130$
  - Respiratory rate  $\geq 26$  and labored breathing
  - Fever
  - O<sub>2</sub>  $\leq 94\%$
- Glucose  $\geq 400$ , transport ALS.

### Additional Considerations

#### Hypoglycemia:

- IO access may be used for dextrose administration when patient is unconscious with blood glucose  $< 60$ , unable to establish IV and there is no response to IM glucagon.
- Base hospital contact required for patients wanting to sign out AMA after treatment of hypoglycemia. If patients are not transported, they should be counseled to eat a high protein meal and call their primary care physician.
- If food was provided to patient be sure to select 'Provision of Food' within the drop-down menu of the Procedures Tab on the ePCR.
- For patients with a hypoglycemic episode, review the patient's medications for long-acting hypoglycemic agents (sulfonylureas ex.: glipizide, glyburide; meglitinides ex.: nateglinide, repaglinide). These medications increase the risk of recurrent hypoglycemic episodes.
- Glucagon is effective only if there are sufficient glycogen stores in the liver. Patients with low glycogen stores such as severe malnutrition, cirrhosis, or adrenal insufficiency may not respond to glucagon.

#### Hyperglycemia:

- Consider base hospital contact for additional IV NS boluses if hyperglycemic and no signs of fluid overload.
- Patients with prolonged and/or severe hyperglycemia are at risk for significant volume losses leading to dehydration and electrolyte abnormalities. Fluid resuscitation with Normal Saline is recommended until their glucose can be lowered with medications.
- EtCO<sub>2</sub>: Patients in DKA exhibit low EtCO<sub>2</sub> levels, typically  $\leq 24$  with values  $\leq 12$  indicating severe acidosis.



**ORANGE COUNTY EMERGENCY MEDICAL SERVICES**

Prehospital Standing Orders / Treatment Guidelines

**DIABETIC EMERGENCIES (Adult / Adolescent)**

#: M-010

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**Base Hospital**

Hyperglycemia:

- If no signs of fluid overload, may consider additional IV NS boluses.

**Cross References:**

SO-B-001 BLS Standing Orders

SO-B-003 Oral Glucose Administration

M-005 Abdominal Emergencies

SO-M-020 Altered Mental Status

SO-M-035 Respiratory Distress

SO-M-040 Seizure

SO-M-045 Shock

SO-M-050 Suspected Sepsis

SO-M-060 Nausea-Vomiting

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