



Notes/Definitions

- 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
 - Symptoms: Polyuria, polydipsia, dehydration, vomiting, abdominal pain, fruity odor breath, altered mental status, Kussmaul breathing (deep, labored breathing pattern).

BLS Interventions

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

ALS Interventions

- Assess blood glucose.
- Establish IV if applicable.
- If blood glucose < 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:
 - Administer high-flow oxygen by mask or nasal cannula at 6 L/min flow rate if tolerated.
 - Cardiac monitoring.
 - Establish IV and administer:
 - **Normal Saline 250 mL IV bolus** – may repeat up to 1 liter to maintain adequate perfusion
 - EtCO₂ monitoring.
- Treat for nausea or vomiting if 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:
 - Glucose $\leq$ 250 with no other complaint requiring ALS intervention/transport, may transport BLS.
 - Glucose $\geq$ 250 but $\leq$ 400, with no other complaint requiring ALS intervention, may transport BLS (if no other co-morbidities exist).
- ALS transport if patient has history of:

Active cancer	Active abdominal pain with vomiting
Renal Failure	Congestive Heart Failure
Liver disease	Organ transplant
Immunosuppression	Frail elderly

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- Glucose ≥ 250 and any of the following symptoms, transport ALS and consider DKA:
 - Confused/lethargic
 - Heart rate ≥ 130
 - Respiratory rate ≥ 26 and labored breathing
 - Fever
 - O₂ $\leq 94\%$
- Glucose ≥ 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 Normal Saline 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.
- EtCO₂: Patients in DKA exhibit low EtCO₂ levels, typically ≤ 24 with values ≤ 12 indicating severe acidosis.

Base Hospital

Hyperglycemia:

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



ORANGE COUNTY EMERGENCY MEDICAL SERVICES

Prehospital Standing Orders / Treatment Guidelines

DIABETIC EMERGENCIES (Adult / Adolescent)

#: M-010

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Cross References:

SO-BLS General 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

Approved:

A handwritten signature in black ink, appearing to read "Shaikh MD", is written over a horizontal line.

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