

HYPOGLYCEMIA

SIGNS & SYMPTOMS:

1. Rapid onset
2. Dizziness or fainting
3. Slurred speech and drooling
4. Full, rapid pulse
5. Skin: pale, cool, clammy or very diaphoretic
6. Neuro: ↓ LOC , seizures, unconscious, abnormal behavior, confusion

OBTAIN HISTORY OF:

1. Last meal
2. PMH/Meds (esp. insulin use)/Allergies
3. Recent activity level
4. Last blood sugar reading
5. Recent vomiting
6. Consider other potential causes of symptoms: CVA, alcohol, seizures, overdose, head injury

PRECAUTIONS:

1. An altered or decreased LOC masks the signs of injury and illness. Any patient that is unconscious or has an altered mental status has the potential for a spinal injury.

FIRST RESPONDER:

1. Assess and support ABCs; Assume c-spine precautions if trauma nor ruled-out.
2. Consider oral or nasal airway initially if GCS < 9.
3. Begin high flow supplemental oxygen via mask or assist ventilations if <10 or >30 BPM.
4. Be prepared to suction airway.
5. Assess vital signs (BP, pulse, respirations, O₂ sats) minimally every 15 minutes; more often if deemed unstable.
6. If patient is conscious and cooperative with intact gag reflex with known low blood sugar reading that the patient obtained, may assist patient with their own glucose.

BASIC LIFE SUPPORT:

1. Perform blood glucose testing.
2. If BS is 40-80 mg/dL, and patient is conscious and cooperative with intact gag reflex, administer one of the following:
 - A. Fast-acting, simple carbohydrates such as orange juice, given orally.
 - B. One tube oral glucose (Glucose 15 gm/tube or 50% dextrose given orally)
3. Administer one unit dose (1mg) of Glucagon IM if patient is unresponsive. Contact medical control for additional orders.

BASIC-IV LIFE SUPPORT:

1. If BS is < 60 mg/dL (with or without altered LOC):
 - A. Establish IV of NS TKO with large bore needle.
 - B. Administer up to one amp (25 g) 50% dextrose IV. (Ensuring the IV is patent and flowing; Do not give D50 if Glucagon has been given)
 - C. If IV cannot be established, administer one unit dose of glucagon IM into upper arm or thigh.
 - D. Further orders must come from monitoring physician.

INTERMEDIATE & PARAMEDIC/RN:

1. Monitor ECG for abnormalities as indicated.

PEDIATRIC CONSIDERATIONS: (same as adult except):

1. Follow appropriate pediatric procedures for Dextrose, Glucagon, or Glucose.

SPECIAL NOTES:

1. Consultation with monitoring physician is mandatory if considering non-transport after administration of sugar or medications. All patients whose hypoglycemia is due to oral hypoglycemic agents (such as Orinase or Tolinase) should be transported.
2. Normal BS ranges: 80 - 120 mg/dL (adults), 60 - 100 mg/dL (children), and 30 - 80 mg/dL (newborn).

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