

## HYPOGLYCEMIA

As suggested by lethargy or coma in a known diabetic.

1. Establish IV/IO access
2. Apply cardiac monitor
3. Administer **O<sub>2</sub>**.
4. Perform **blood glucose test**. If blood glucose is < 60 mg/dl and patient is conscious and responsive, consider oral glucose intervention.
5. If blood glucose is < 60 mg/dl and patient is unconscious or unable to protect their airway, obtain blood sample and administer **10% dextrose** (10% in 250 mls NS) IV/IO.
6. If blood glucose is < 60 mg/dl and unable to establish IV, administer 1 mg of **glucagon**, IM or SQ.
7. If unable to establish IV and patient's blood glucose is < 35 mg/dl or the patient fails to respond 10 minutes after glucagon administration, consider initiating IO access for administration of glucose.
8. If the patient is wearing an insulin pump, turn the device off or remove the subcutaneous needle using *Sharps Precautions*.
9. If the patient has a Continuous Glucose Monitor, the prehospital provider can use the information to track trends, but a blood confirmation is still required to confirm blood glucose levels.
10. If the patient wishes to refuse transportation to a hospital and you have administered any medications, including oral glucose, you can contact medical control prior to leaving the patient or completing the refusal of care, particularly if you know or suspect the patient may be on oral glycemic medications, or for any other worrisome concerns. Patient should be instructed to eat protein/carb meal if they are refusing transport because simple sugars are quickly metabolized.
11. Perform secondary assessment, look for signs of trauma. If no response to above measures, follow **Coma of Unknown Origin protocol**.