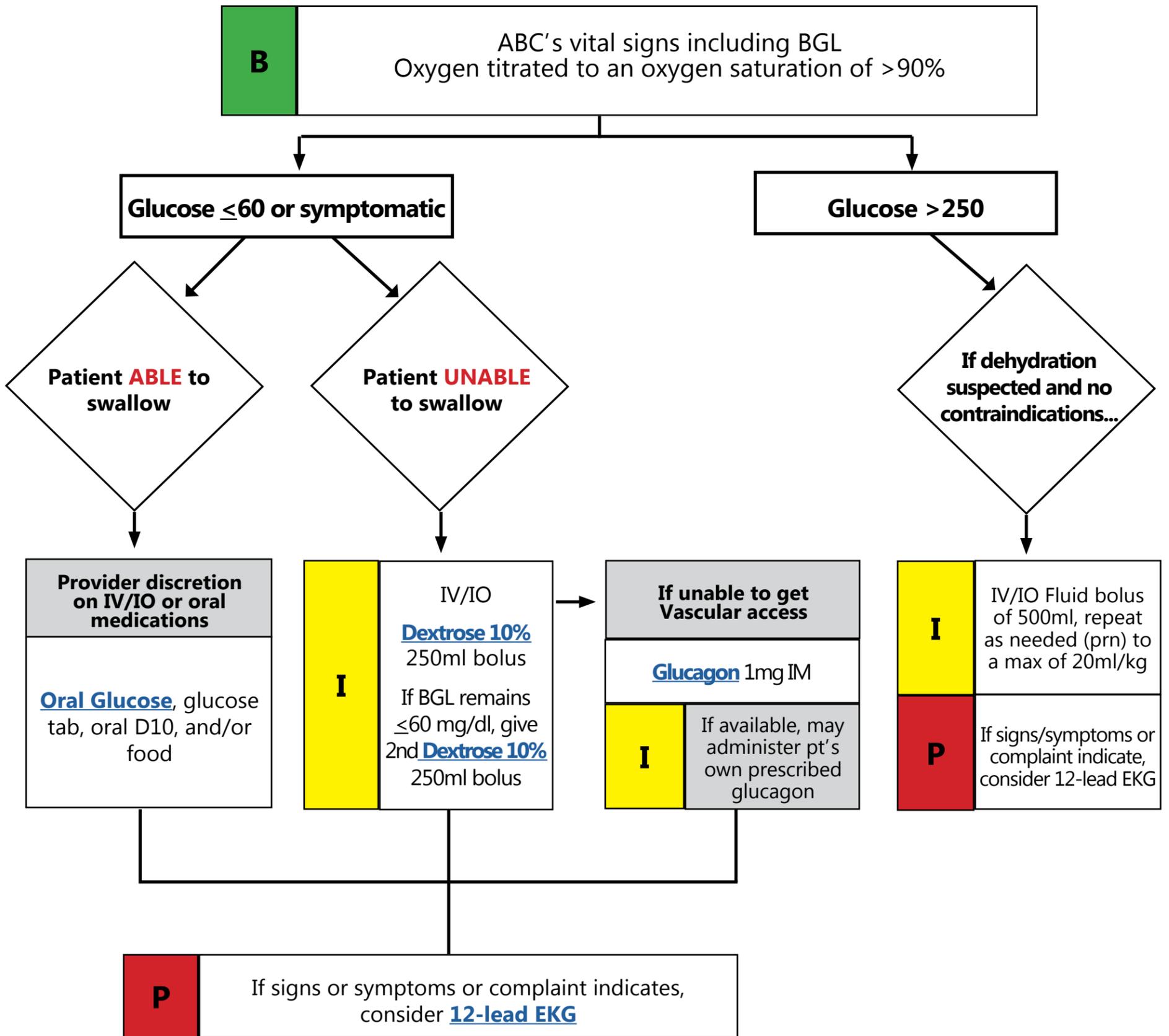


Medical Diabetic Emergencies

Designation of Condition: Patient will present with a blood glucose level of less than 60mg/dl (<45 mg/dl in neonates) or greater than 250 mg/dl. Patient may present with an altered mental status (e.g., confusion, agitation, slurred speech, unconsciousness, or seizure). Polyuria, polyphagia, polydipsia, and diaphoresis may be present.



KEY POINTS

IT IS PERMISSIBLE TO REMOVE THE IO AFTER GLUCOSE ADMINISTRATION IF THE PATIENT MEETS REFUSAL GUIDELINES AND DEMONSTRATES APPROPRIATE DECISIONAL CAPACITY

Patient refusal:

- If the patient refuses transport after being treated for a documented hypoglycemic episode, follow these guidelines:
- The patient meets all refusal criteria as delineated in the Patient Refusal guideline AND
- The patient is able to be monitored for 2–3 hrs and/or witnessed to eat prior to EMS departure with normalizing blood sugar levels and mentation
- Sulfonylureas (e.g., glyburide, glipizide) have long half-lives ranging from 12–60 hours. Patients with corrected hypoglycemia who are taking these agents are at particular risk for recurrent symptoms and frequently require hospital admission

Insulin Pumps:

- If the patient is awake, discuss use with the patient. If the patient is hyperglycemic, do not turn the pump off; treat based on signs and symptoms.
- If the patient is unconscious and family is present, have them turn off the pump
- As a last resort, in the profoundly hypoglycemic patient and the pump cannot be turned off at the switch, the EMS provider should gently disconnect the infusion set at the pump. If this does not work, attempt to remove the batteries. If this does not work then gently remove the catheter from the skin. Assure the pump stays with the patient and is not misplaced.