

# M014 HYPOGLYCEMIA

EMT	AEMT
EMT-I	EMT-P

**Check blood glucose level in ANY patient with signs or symptoms consistent with hypoglycemia**

Examples:  
*Altered MS, agitation, focal neurological deficit, seizure, weakness, diaphoresis, decreased motor tone, pallor*

**Regarding refusals after a hypoglycemic episode:**

See Patient Refusal protocol

Transport is always indicated for any of the following patients:

- Pts with *unexplained* hypoglycemia
- Pts taking oral hypoglycemic meds
- Pts not taking food by mouth
- Pts who do not have competent adult to monitor

If hypoglycemia still most likely despite normal reading on glucometer, administer glucose **regardless**, while considering other causes of altered mental status

Is BGL < 60?

Can the patient safely tolerate oral glucose?  
*Intact gag reflex, follows verbal commands*

Administer oral glucose.  
 Reassess patient

- Glucagon IM
- Alternative: if severe symptoms (coma), consider IO and administer Dextrose IO (D25 dilution may be necessary for IO administration)

Are you able to establish IV access?

Still Symptomatic?

Administer dextrose IV & reassess patient

Symptoms Resolved?

Recheck BGL and consider other causes of Altered Mental Status

Monitor and transport or contact base for refusal if indicated

**Considerations for Hyperglycemia:**

- In general, treat the patient, not the glucose value. Treat shock if present.
- Consider NS bolus for patients with hyperglycemia and no evidence of fluid overload.
- Pediatric patients with concern for DKA should not exceed 10-20 mL/kg of fluids.