



DIABETIC EMERGENCIES



Escambia County, Florida - ALS/BLS Medical Protocol

This protocol is to be used for those patients whose blood glucose is below 60 mg/dL or above 300 mg/dL.

Supportive Care

1. [Medical Supportive Care Protocol.](#)

ALS Level 1

1. Perform glucose test with [finger stick](#).

If glucose is below 60 mg/dL, administer glucose as specified in # 2, #4 or #5 below.
2. If patient is conscious with an intact gag reflex, assist with self-administration of oral glucose, if possible.
3. If blood glucose is >300 mg/dL with signs of dehydration, administer Normal Saline 500 ml IV, unless contraindicated.
4. If patient is stuporous or unconscious, administer D50, 50 ml slow IV (a).
5. If unable to start IV (if IV access cannot be obtained within two attempts), administer Glucagon 1 mg IM.
6. Recheck, 2nd test, glucose with finger stick 10 minutes after initial treatment completed.

If glucose is still < 60 mg/dL, repeat administration of D50 IV. (a)

7. If the patient refuses transport, and the patient is competent to refuse transport see notes: (b) (c)
8. If the patient is incompetent and there is no competent legal caregiver (healthcare surrogate) to stay with the patient, contact Shift Supervisor for assistance in providing transport to the ER for evaluation. Document in



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PCR why you feel that patient is considered incompetent and why transport is in patient best interest.

ALS Level 2 (*Physician authorization required*)

None

Note

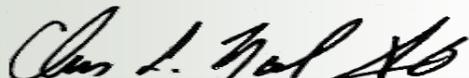
- (a) To avoid infiltration and resultant tissue necrosis, Dextrose 50% should be given slow IV with intermittent aspiration of IV line to confirm IV patency followed by saline flush.
- (b) Document that patient is competent to refuse in PCR and complete AMA form.
- (c) Advise caregiver and / or family to feed patient immediately and follow up with primary physician as soon as possible. Advise caretaker to have close observation until seen by primary physician and to check glucose frequently until stabilized.



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