



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin
Governor

Rocco S. Fuccillo
Cabinet Secretary

MEMORANDUM

TO: West Virginia Licensed EMS Agencies

FROM: Michael Mills, D.O. FACEP
State Medical Director *all*

DATE: March 04, 2013

RE: National Drug Shortage Critical Issue; Temporary Protocol Change
4604 Diabetic Emergencies

Due to the nationwide shortage / unavailability of D50W, the following relief is offered to all licensed West Virginia EMS agencies.

Protocols affected are the following:

4604 Diabetic Emergencies

- Agencies with D50W may continue to use the medication as directed by protocol until their stock is depleted.
- Agencies without D50W may use the modified protocol utilizing D5W.
- No formal/permanent change to State Protocols will occur at this time in anticipation of future D50W availability.
- This relief/directive will be effective starting 4/5/2013 and will continue for 90 days until 7/5/2013. If D50 is still unavailable, this directive will be reviewed and renewed.

BUREAU FOR PUBLIC HEALTH

Office of Emergency Medical Services

350 Capitol Street, Room 425

Charleston, West Virginia 25301-3714

www.wvoems.org

Telephone: (304) 558-3956

Fax: (304) 558-8379

National Drug Shortage Critical Issue
Temporary Protocol Change
4604 Diabetic Emergencies
Page Two

- ALS vehicle equipment list will temporarily change the D50W requirement on class "C" ACLS vehicles to be optional with no required quantity for the 90 day extension.
- A MEMO outlining these changes will be forwarded to all Medical Command Facilities outlining these protocol treatment options.

WVOEMS wishes to thank David O. Wright MD, for providing the revised protocol.

**WEST VIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES
EMERGENCY DIABETIC DIRECTIVE**

The following directive is to be active only during times of National Medication Shortage or absence of D50W for the treatment of patients that are hypoglycemic. This directive will supplement ALS protocol 4604 (Diabetic Emergency) when all D50W stock is depleted.

- A. Perform **MAMP Protocol 4201**.
 - 1. Establish venous access. IV, preferably antecubital, with saline lock.
- B. Assess level of consciousness and blood glucose level by glucometer.
- C. Treat as indicated below:

Blood Sugar Level	BS < 40 mg/dl	BS 40-80 mg/dl	BS > 80 mg/dl
Awake / Alert	15 gm (one tube) of Oral Glucose by mouth and recheck BS.	Administer a 2 nd dose of 15 gm Oral Glucose by mouth and recheck BS.	Monitor patient closely. Note other signs and symptoms and refer to "E" below.
Confused / Unconscious	Initiate IV of D5W and bolus with 250ml (12.5g of dextrose)*. Prepare and package for transport during infusion and recheck BS afterward.	During transport, if BS still 40-80 mg/dl initiate 2 nd bolus D5W 250ml*.	Titrate D5W to KVO and transport.

***Prior to D5W bolus, assess for signs and symptoms consistent with acute pulmonary edema (Rales, rhonci, JVD, tachypnea or pitting edema).**

- D. If IV dextrose is indicated above, but no IV available administer Glucagon 1.0 mg IM.
- E. If patient has signs or symptoms of diabetic ketoacidosis such as Kussmal respirations, acetone smell on the breath and or history of not taking insulin, and blood glucose level is > 80 mg/dl:
 - 1. If no evidence of pulmonary edema or CHF administer 20ml/kg normal saline IV then run at KVO.