

PEDIATRIC DIABETIC EMERGENCIES

Diabetic patients may have various complaints and are at risk for a multitude of medical problems. Diabetic patients may also become ill from hyperglycemia which may lead to diabetic ketoacidosis.

- A. Perform **Initial Treatment / Universal Patient Care Protocol**.
- B. Assess level of consciousness and blood glucose level by glucometer.
- C. Draw blood sample (*if available*).
- D. Treatment:
 1. If patient is awake and oriented with no signs of altered mental status or confusion and simply has a blood glucose reading <60 mg/dl which is abnormal for the patient: Administer 15 gm of oral glucose and recheck blood glucose level. This treatment is based on the patient's ability to maintain a patent airway.

2. **Patient 1 month of age or younger** – If blood glucose is < 60 mg/dl, administer 5 ml/kg **Dextrose 10%** IV/IO (*D10 is prepared by mixing 40 ml of NS with 10 ml of D50W*).

NOTE: IO placement requires MCP order

3. **Patient older than 1 month but younger than 2 years old** – If blood glucose is < 60 mg/dl, administer 2 ml/kg of **D25** IV/IO; (*D25 is prepared by mixing 25 ml NS with 25 ml D50W*).
4. **Patient 2 years of age or older** – If blood glucose is < 60 mg/dl, administer **D50W** 1 ml/kg IV/IO. Maximum dose is 25 grams.
5. If no IV is available, administer **Glucagon** 1 mg per **Medical Command**.



- E. Hyperglycemia:
 - a. If blood glucose is > 300 mg/dl and patient has signs and symptoms of diabetic ketoacidosis such as Kussmal respirations, acetone smell on breath, and/or history of not taking insulin administer 20 mg/kg bolus of **Normal Saline**; may repeat once if glucose remains > 300 mg/dl.
 - b. After each bolus reassess patient for signs of fluid overload.

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F. Reassess mental status and blood glucose level.

G. If blood glucose level remains < 60 mg/dl or > 300 mg/dl with associated signs and symptoms, contact **Medical Command** for additional treatment.

