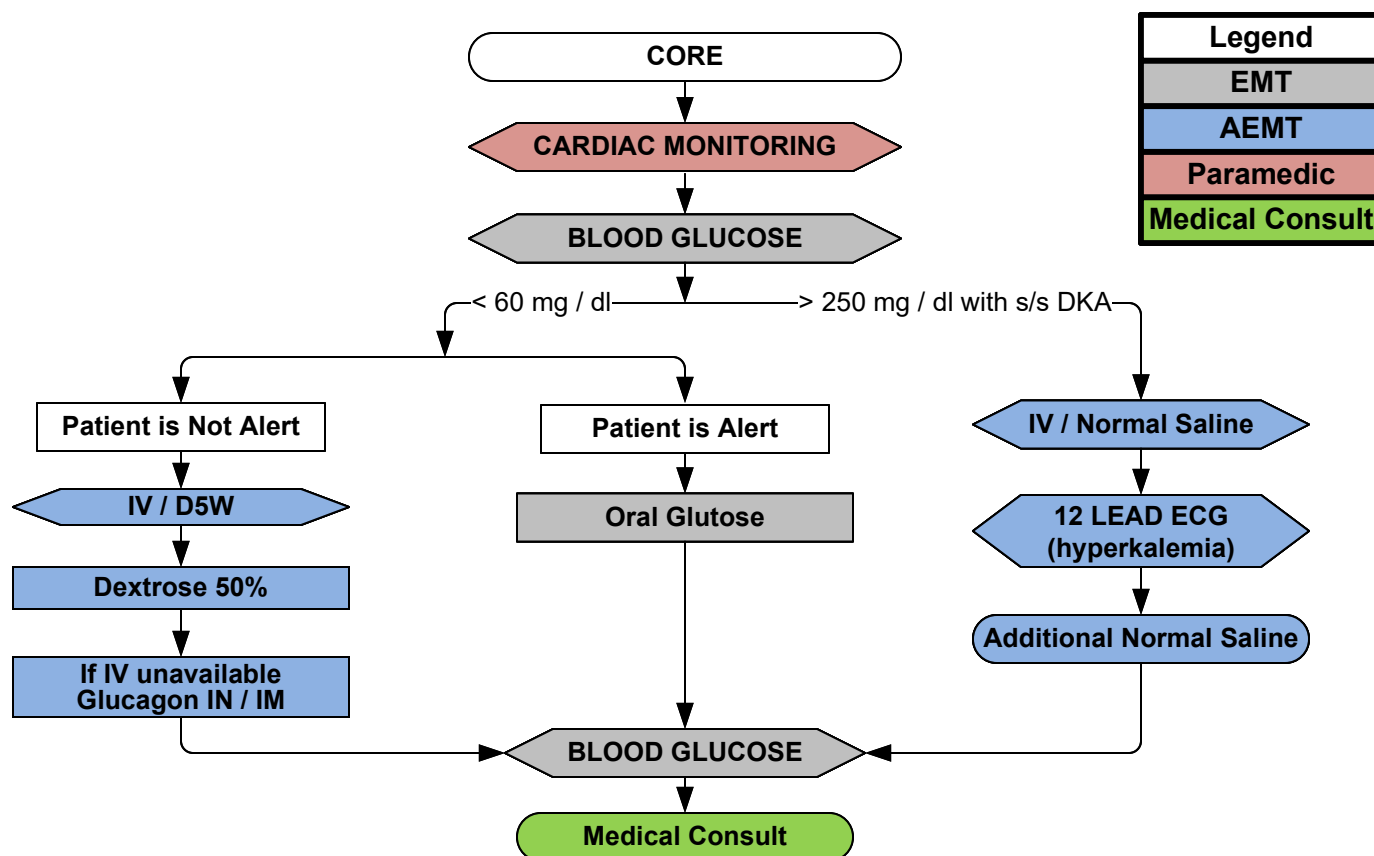


DIABETIC EMERGENCY

History: - Known diabetic, medic alert tag - Medications (Insulin, Diabinese, Orinase, Micronase) - Last dose of diabetic medications - Report of illicit drug use or toxic ingestion - History of trauma - SAMPLE - Onset; duration - Seizure activity; fever	Signs and Symptoms: - Sudden decrease in mental status - Bizarre behavior; intoxicated appearance - Cool, diaphoretic skin - Hunger - Anxiety - Combateness - Headache - Tremors - Faintness - Seizures, coma	Differential: - Diabetes (hyper / hypoglycemia) - Head trauma - CNS (stroke, tumor, seizure, infection) - Cardiac (MI, CHF) - Infection - Thyroid (hyper / hypo) - Shock (septic, metabolic, traumatic) - Toxicologic - Acidosis / Alkalosis - Environmental exposure - Respiratory-Hypoxia, CO, CO₂ retention - Psychiatric disorder
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Pearls:

- If Dextrose 50% is indicated and unavailable, initiate an IV of D5W and administer a bolus of 250 ml except for patients with fluid overload concerns.
- Hypoglycemia secondary to oral hypoglycemic medications and longer acting insulin is risky; transport is critical because of the potential for recurrence of hypoglycemia.
- Pre-hospital treatment of hypoglycemia is a bridge to get the patient to the ER and not considered definitive therapy.
- The duration of dextrose 50% and glucagon is relatively short. Reassess the patient and repeat dextrose as indicated.
- If there is no risk of aspiration or airway compromise, oral carbohydrates along with oral glucose products may be used in place of IV Dextrose. It is safer to assume hypoglycemia than hyperglycemia if doubt exists.
- Do not let alcohol confuse the clinical picture. Alcoholics frequently develop hypoglycemia.
- Oral glucose or dextrose 50% should be administered once the patient's LOC improves following glucagon administration.
- A blood glucose level > 250 mg/dL does not mean the patient is DKA. A CBG of 250 mg/dL alone is only indicative of hyperglycemia. Common s/s associated with DKA includes: abdominal pain or cramping, altered LOC, blood glucose > 250 mg/dL, thirsty, deep rapid respirations, dyspnea, frequent urination, nausea, vomiting, etc.