



Pediatric Diabetic

History

- Past medical history
- Medications
- Recent blood glucose check
- Last meal

Signs and Symptoms

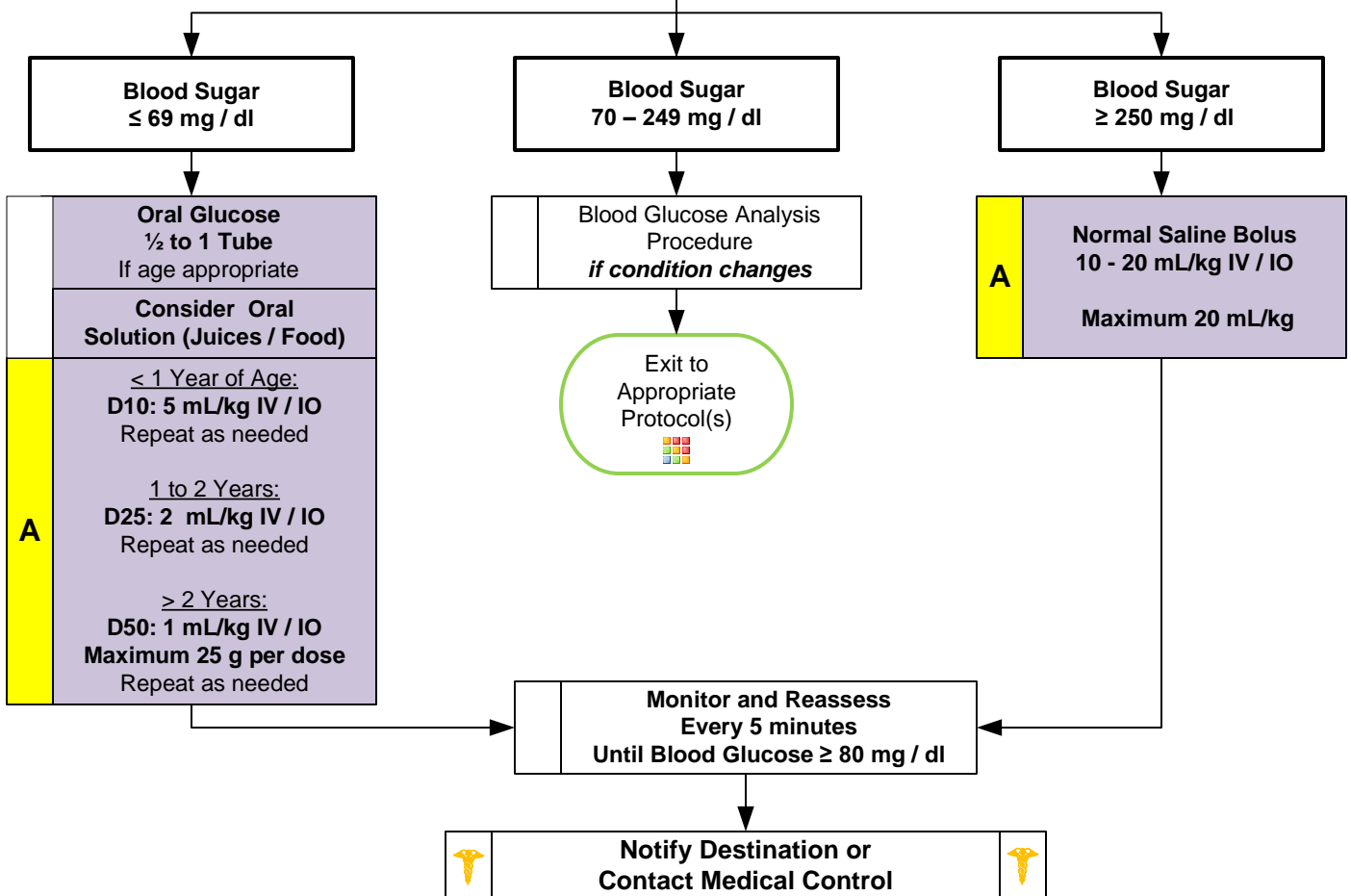
- Altered mental status
- Combative/ irritable
- Diaphoresis
- Seizures
- Abdominal pain
- Nausea/ vomiting
- Weakness
- Dehydration
- Deep/ rapid breathing

Differential

- Alcohol/ drug use
- Toxic ingestion
- Trauma; head injury
- Seizure
- CVA
- Altered baseline mental status.

	Blood Glucose Analysis Procedure
B	12 Lead ECG Procedure <i>if indicated</i>
	IV or IO Access Protocol UP 6
P	Cardiac Monitor
	Altered Mental Status Protocol UP 4 <i>if indicated</i>
	Hypotension/ Shock Protocol AM 5 <i>if indicated</i>
	Seizure Protocol UP 13 <i>if indicated</i>

B	<p>Blood glucose ≤ 69 mg/dl Symptomatic with NO IV / IO Access: Awake, alert and able to tolerate oral agent: Give oral glucose solution. If unable to tolerate oral: Glucagon 0.1 mg/kg IM (Maximum 1 mg) Repeat every 15 minutes as needed to keep Blood glucose > 60 mg / dl.</p>
----------	--





Pediatric Diabetic

Pearls

- **Recommended Exam: Mental Status, HEENT, Skin, Respirations and effort, Abdomen, Neuro.**
- **Patients with prolonged hypoglycemia or those who are malnourished may not respond to glucagon.**
- **Do not administer oral glucose to patients that are not able to swallow or protect their airway.**
- **Quality control checks should be maintained per manufacturers recommendation for all glucometers.**
- **D10/ D25 Preparation:**
 - D10: Remove 10 mL of D50 from a D50 vial. Add 40 mL of NS with the 10 mL of D50 with a total volume of 50 mL.
 - D10: Alternative, Discard 40 mL from the D50 vial and draw up 40 mL of NS with a total volume of 50 mL.
 - D25: Remove 25 mL of D50 and draw up 25 mL of NS with a total volume of 50 mL.
- **Patient's refusing transport to medical facility after treatment of hypoglycemia:**
 - Adult caregiver must be present with pediatric patient.
 - Blood sugar must be ≥ 80 , patient has ability to eat and availability of food with responders on scene.
 - Patient must have known history of diabetes and not taking any oral diabetic agents.
 - Patient returns to normal mental status and has a normal neurological exam with no new neurological deficits.
 - Must demonstrate capacity to make informed health care decisions. See Universal Patient Care Protocol UP-1.
 - Otherwise contact medical control.
- **Hypoglycemia with Oral Agents:**
 - Patients taking oral diabetic medications should be strongly encouraged to allow transportation to a medical facility.
 - They are at risk of recurrent hypoglycemia that can be delayed for hours and require close monitoring even after normal blood glucose is established.
 - Not all oral agents have prolonged action so Contact Medical Control or NC Poison Control Center for advice.
 - Patients who meet criteria to refuse care should be instructed to contact their physician immediately and consume a meal.
- **Hypoglycemia with Insulin Agents:**
 - Many forms of insulin now exist. Longer acting insulin places the patient at risk of recurrent hypoglycemia even after a normal blood glucose is established.
 - Not all insulins have prolonged action so Contact Medical Control for advice. Patients who meet criteria to refuse care should be instructed to contact their physician immediately and consume a meal.
- In extreme circumstances with no IV and no response to glucagon, Dextrose 50 % can be administered rectally. Contact medical control for advice.