

PG17 Pediatric Hyper/Hypoglycemia

Objectives:

- To assess and appropriately treat pediatric patients with hypo- or hyperglycemia

General Information:

- Oral glucose may be administered by EMT-Bs and above providers on standing orders, provided the patient meets the following criteria:
 - a) Glucometry < 60 mg/dL
 - b) Known or suspected history of diabetes
 - c) Conscious and able to swallow
 - d) Able to maintain own airway
- Dextrose 50% may be administered rectally with physician order
 - a) Dose 0.5 mg/kg
- Dextrose administration requires a patent flowing IV line, not a saline lock
 - a) To make Dextrose 25% expel 25 ml of the preloaded syringe and draw up 25 ml of NS
 - b) To make Dextrose 10% expel 40 ml of the preloaded syringe and draw up 40 ml of NS
- Patients with a prolonged period of hypoglycemia may not respond to glucagon



Warnings/Alerts:

- Do not administer oral glucose to patients that are not able to swallow or protect their own airway
- If the IV infiltrates while administering dextrose, stop dextrose administration immediately

OMD Notes:

- Hypoglycemia is very dangerous, much more than hyperglycemia

References:

AAOS Emergency Care & Transportation of the Sick and Injured 9th Edition pgs 350, 482-497
Mosby's Paramedic Textbook, Third Edition, 2007 pg 858-862
Brady Prehospital Emergency Pharmacology 6th Edition, pg 499

Performance Indicators:

Documented Cause (If Known)

Treatment and Response to Treatment

PG 17--Pediatric Hyper/Hypoglycemia

