



CCT-RN/Paramedic Treatment Guideline 1604/2604

Diabetic Emergencies

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First follow **MAMP Protocol 1201/2201**, as applicable, including IV, oxygen, ECG monitor, and pulse oximeter, as well as assessment of fingerstick glucose, then:

A. Hypoglycemia.

1. Treat hypoglycemia per **Diabetic Emergencies Protocol 4604**.

B. Hyperglycemia [*not Diabetic Ketoacidosis (DKA) nor Hyperglycemic Hyperosmolar Non-ketotic Syndrome (HHNS)*]:

CCT Class 1: Consider sliding scale SQ Insulin. **Consult MCP for dose.**



C. DKA and HHNS: As a general rule, DKA is treated with generous IV fluids *plus* an insulin drip; HHNS is also treated with IV fluids initially, and sometimes with an insulin drip. However, prior to getting orders for an insulin drip, one must be very aware of the potassium (K⁺) level, since the potassium will drop once an insulin drip is initiated. ***If the potassium is already abnormally low (K⁺ < 3.5), withhold starting an insulin drip until the potassium level is brought up to within a normal range of 3.5 to 5.0.***

1. DKA. Assess the current glucose level, potassium level, and what IV fluids have been already given. If the glucose is high (>400) and an inadequate amount of fluids has been given at the referring facility:
 - a. Consider IV fluids, 0.9% normal saline 20 ml/kg bolus, then 250-500 ml/hr (adult) or 1.5 times maintenance in a child.

b. **CCT Class 1:** Have glucose, potassium, serum acetone, and ABG results if available, in addition to what has already been done, then **contact MCP** to consider:
Insulin drip 0.1 Units/kg/hour **per direct order of MCP**. *Note: standard insulin drip is 100 units regular insulin in 100 ml normal saline (1 unit per 1 ml) on a pump.*





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- c. Monitor finger stick glucose every 30 minutes. If glucose drops below 250, change IV to D5 ½Normal Saline and cut insulin drip to half previous dose. Stop insulin drip completely if glucose drops below 120.
2. Hyperglycemic hyperosmolar non-ketotic syndrome (HHNS):
 - a. Consider IV fluids, 0.9% normal saline 20 ml/kg bolus, then 500 ml/hr (adult). Adequate volume replacement *must occur before* initiation of any insulin drip.

b. Have glucose, potassium, serum acetone, and ABG results if available, in addition to what has already been done, then **contact MCP** to discuss treatment options to possibly include insulin drip as in Step C.1.b. above.

