

SECTION: PM-6

PROTOCOL TITLE: PEDIATRIC HYPER/HYPOGLYCEMIA

REVISED: October 15, 2014

BLS SPECIFIC CARE: See General Pediatric Care Protocol PM-1

- Check BG
- If hypoglycemia is confirmed by glucometry:
 - BG < 60 mg/dl with symptoms
 - Normal Newborn/Neonate BG = 50-110 mg/dl

Simple carbohydrates/sugars:

- If the patient can hold a cup or plate without assistance, and can swallow on command, encourage the patient to consume simple carbohydrates. Attempt to document volume of food/liquid ingested. If grams of sugar are known, document this as well
- Oral Glucose
 - If simple carbohydrates are not readily available or not feasible
 - Only if patient retains an intact and self-maintained airway
 - 5-45 g of glucose paste administered orally (providing the patient can swallow on command). Glucose paste may be mixed in a liquid to make it more palatable for the patient. The EMT may stop administration when the patient returns to a full state of awareness and baseline status. NOTE: A full 45 g is not likely to be needed

ILS SPECIFIC CARE: See General Pediatric Care Protocol PM-1

- If BG >300, give 20ml/kg fluid bolus

ALS SPECIFIC CARE: See General Pediatric Care Protocol PM-1

- If BG >300 apply cardiac monitor
- If BG <60:
 - Dextrose: 0.5-1g/kg IV/IO:
 - >3 months: D25 4ml/kg slow IV/IO. Max dose 25g (100ml)
 - Birth to 3 months; use D10 10ml/kg slow IV/IO push

Protocol PM-6

- Glucagon IM:
 - If unable to obtain IV/IO access
 - 0.02 mg/kg
 - Maximum of 1 mg (Unit)

PEDIATRICS DO NOT FALL UNDER NORMAL TREAT & RELEASE GUIDLINES DUE TO AGE. CONTACT MEDICAL CONTROL FOR T/R

PHYSICIAN PEARLS:

An inadequate amount of glucose for heat production, combined with profound diaphoresis, many hypoglycemic patients are at risk for hypothermia. Keep patient warm.

Patients who are consuming beta-blockers, or oral diabetic medications, that experience hypoglycemia are at a greater risk for relapse. These patients should have a responsible party with them after release.

Diabetics ages <12 and >65 tend to be more difficult to regulate.

The absence/presence of SZ during hypoglycemia should be assessed, and if present transport should be strongly encouraged.

PED HYPER/HYPOGLYCEMIA