

SECTION: PM-7

PROTOCOL TITLE: PED HYPERGLYCEMIA

REVISED: January 28, 2010

GENERAL COMMENTS: Symptomatic Hyperglycemia is defined as BG > 250 with signs of severe dehydration, altered LOC or shock. Rule out other causes including toxic ingestion.

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

- Determine patient's color category on length based resuscitation tape (Broselow Tape)

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

- Fluid Resuscitation for symptomatic patients: Especially important in pediatrics, aggressive boluses of IV solution at 10-20 cc/kg per bolus. Multiple boluses may be required, titrate based on v/s, LOC and perfusion status. Monitor for fluid overload
 - IV: Crystalloid solution at a TKO rate
 - 10-20 cc/kg, Repeat as needed

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

- Monitor for electrolyte based conduction disturbances
- Maintain patent airway as necessary to include endotracheal intubation when appropriate
- Apply cardiac monitor and multi-function electrode (MFE) pads if necessary
- Treat unstable dysrhythmias and vital signs as necessary and as per specific protocols
 - In the presence of DKA, continuous EKG monitoring is essential to detect rhythm disturbances and changes associated with accompanying electrolyte imbalances and acidosis
 - Primary electrolyte disturbance is due to hypokalemia
 - T-wave flattening, ST-segment depression, appearance of U-waves and QT prolongation
 - Can precede malignant dysrhythmias

Protocol

PM-7

PED HYPERGLYCEMIA

PHYSICIAN PEARLS:

- Pediatrics do not fall under normal T/R guidelines due to age, call medical control to T/R)