

# Protocol PM-06

**SECTION: PM-06**

**PROTOCOL TITLE: PEDIATRIC HYPER/HYPOGLYCEMIA**

**REVISED: November 1, 2019**

**GENERAL COMMENTS:** Symptomatic hypoglycemia is defined as BG < 60 mg/dl with an altered LOC.

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

If hypoglycemia is confirmed by glucometry: (BG < 60 mg/dl **with** symptoms):

- Infant/ Pediatric BG = < 60 mg/dl with symptoms
- Newborn/Neonate = See Protocol PM-10

*Simple carbohydrates/sugars:*

- If the patient can hold a cup or plate without assistance (or fed by bottle or breast), and can swallow without difficulty, encourage the patient to consume simple carbohydrates.
- Attempt to document volume of food/liquid ingested (as appropriate). 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

**AEMT/O.M. Specific Care: See General Pediatric Care Protocol PM-1**

*Fluid Resuscitation*

- If BG >300, give 20ml/kg fluid bolus 1 time.

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

If BG >300 (hyperglycemia):

- Cardiac Monitoring is indicated
- Fluid Resuscitation as needed if Hypotensive.
  - IV/IO: 20ml/kg fluid bolus
  - Hold for s/s of pulmonary edema
  - May repeat up to 3 times to a max of 60 ml/kg

If BG <60:

- Dextrose (D25% or D10%) IV/IO:
  - Birth to 3 months; use D10 10ml/kg slow IV/IO push

PED HYPER/HYPOGLYCEMIA

# Protocol PM-06

- >3 months; use D10 10ml/kg **or** D25 4 ml/kg slow IV/IO push
- Glucagon IM:
  - If unable to obtain IV/IO access
  - 0.02 mg/kg
  - Maximum of 1 mg (Unit)

---

## PHYSICIAN PEARLS:

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

It is important to rule out other causes for altered mental status. This particularly includes, but is not limited to:

- Stroke
- Overdose/Medication error
- Closed head injury from falls or other causes.
- Sepsis

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

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