

# Protocol PM-06

**SECTION: PM-06**

**PROTOCOL TITLE: PEDIATRIC HYPER/HYPOGLYCEMIA**

**REVISED: April 01, 2023**

**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 (< 28 days) = 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.

*Suspected Hypoglycemia:* If BG<60:

- Dextrose (D10%)
  - IV/IO: 5 ml/kg slow IV/IO push.
  - Re-evaluate and repeat PRN
- Glucagon IM:
  - If unable to obtain IV/IO access
  - 0.02 mg/kg
  - Maximum of 1 mg (Unit)

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**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

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

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## PHYSICIAN PEARLS:

Altered Mental Status (AMS) patients should have a BG assessed, regardless of history of diabetes. Hypoglycemia, particularly in children, can occur from many causes.

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

Due to an inadequate amount of glucose for heat production, combined with profound diaphoresis, many hypoglycemic patients are at risk for hypothermia. Keep patient warm and monitor temperature.

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.

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