



ACTS DIABETIC EMERGENCY PROTOCOL

BACKGROUND:

Type 1 Diabetes-

A chronic condition in which the pancreas produces little or no insulin

Type 2 Diabetes-

A chronic condition that affects the way the body processes blood sugar (glucose)

Hyperglycemia-

A condition in which a casualty's blood sugar is too high, resulting in low insulin.

Hyperglycemic emergencies are not acute

Hypoglycemia-

A condition in which a casualty's blood sugar is too low, resulting in high insulin.

Hypoglycemic emergencies present with an acute onset

TRANSCEND 15g GLUCOSE-

Oral glucose gel containing; D-Glucose, Natural Flavor, Cellulose Gum, Citric Acid, Sodium Benzoate (Preservative), and Potassium Sorbate (Preservative)

ABSTRACT:

The purpose of this protocol is to establish an effective method of treating suspected hypoglycemia in a conscious adult or pediatric patient, while complying with the Good Samaritan Statute and Volunteer Protection Act of 1977. Based on standard EMS tradition (at the basic level), administering TRANSCEND oral glucose gel (15g) to a conscious patient suspected to be hyper or hypoglycemic was found to be beneficial, and improve patient outcomes for genuine hypoglycemic patients through continued field-observation in intervals of three to five minutes.

PROCESS:

- 1). Apply appropriate BSI and determine that the scene is safe
- 2). Obtain a patient medical history using the SAMPLE outline
- 3). Determine if the patient is a candidate for oral glucose gel administration. Obtain consent from the patient, caretaker, or legal guardian if the patient is under the age of 18

Clinical Indicators (Must satisfy two or more)

-Hx of Diabetes

-Last oral intake distant from the present time

-Altered neurological status (loss of coordination, confusion, erratic behavior, etc)

-Diaphoretic & pale skin

- 3). If the criteria is met, assess for a positive gag reflex by asking the patient to squeeze your fingers. Do not proceed if there is a weak or negative reaction, or if the patient refuses treatment

4). After successful administration of the glucose gel, obtain a baseline set of vital signs, with continued observation for at least 10 minutes post-dose

Vital Signs (Must be documented on the patient evalv form in intervals of 2 minutes)

-Blood Pressure

-Oxygen Saturation

-Heart Rate

-Neurological Assessment (if previously abnormal)

5). If symptoms are persistent or progress 4 minutes post-dose, pursue with code red

6). If symptoms improve significantly, monitor for an additional 10 minutes

7). If the patient becomes asymptomatic, it is acceptable for the patient to resume normal activity

NOTES:

If the patient becomes hypoperfusive, proceed with the hypoperfusion protocol. If the patient is not breathing w/ no pulse, start CPR and proceed with the American Heart Association Pulseless Arrest Algorithm. Always consider ABCDE.

Hypoglycemia does **not** only occur in diabetic patients, and is commonly the underlying cause for acute syncope and altered mental status.

It has been deemed acceptable to administer glucose to hyperglycemic patients via oral glucose gel if the first aider cannot differentiate between hyper/hypoglycemia, as withholding glucose from a hypoglycemic patient could result in a progression of symptoms or death. The benefits outweigh the risks.

SOURCES

American College of Emergency Physicians *“Diabetic Emergencies”*

St. John Ambulance Services First Aid Library *“Diabetes First Aid”*

American Heart Association, Emergency Cardiovascular Care, & International Liaison Committee on Resuscitation 2015 guidelines *“BLS for Healthcare Providers (Student Manual)”*