



HYPERGLYCEMIA - ADULT/ADOLESCENT

ALS STANDING ORDERS:

1. Assess blood glucose.
2. If mental status, vital signs, and pulse oximetry normal AND:
 - ▶ *Glucose less than 250 and no other complaint exists requiring ALS intervention/transport, may transport BLS.*
 - ▶ *Glucose greater than 250 but less than 400, and no other complaint exists requiring ALS intervention, may transport BLS if no other co-morbidities exist.*
 - Consider ALS transport if patient also has history of
 - Active cancer
 - Renal Failure
 - Liver disease
 - Immunosuppression
 - Active abdominal pain with vomiting
 - Congestive Heart Failure
 - Organ transplant
 - Frail elderly
 - ▶ *Glucose greater than or equal to 400, transport ALS.*

3. If patient has a blood glucose greater than 250 AND:

- is confused/lethargic, OR
- has a heart rate greater than 120, OR
- has a respiratory rate greater than 20 and labored breathing (see note below), OR
- has history of fever, OR
- if oxygen saturation is less than 94%,

transport ALS and consider DKA.

- ▶ *Administer high-flow oxygen by mask or nasal cannula at 6 L/min flow rate if tolerated*
- ▶ *Monitor cardiac rhythm*
- ▶ *Establish IV access*
- ▶ *If no signs of fluid overload, give Normal Saline, infuse 250 mL IV, repeat up to maximum 1 liter to maintain adequate perfusion*

NOTE:

- **Kussmaul breathing:** deep and labored breathing pattern often associated with diabetic ketoacidosis (DKA).
- Consider ETCO₂ measurement to evaluate for acidosis.
- Consider sepsis

Approved:

Review Dates:
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