

TREATMENT: Treat per Universal Patient Care protocol.

A. Hypoglycemia

1. Determine capillary blood glucose level. If < 80 mg/dl treat with the following:
 - a. If patient can protect their own airway administer **Oral Glucose**.
 - b. If patient is unable to protect their own airway, administer **Dextrose 10% 100 ml (10 g) or Dextrose 50%, 12.5-25 grams slow IV. IO** if unable to obtain IV access. Dilute **D50** with **NS**.
 - c. If the possibility of alcohol abuse, malnutrition, or chemotherapy exists administer **Thiamine 100mg IV/IO** prior to **D50**.
2. Repeat blood glucose level after 5-10 minutes and repeat treatment if it remains low.
3. If no IV can be established give **Glucagon 1 mg IM**.

B. Hyperglycemia

1. Determine CBG. If >300 mg/dl, treat with **250-500 ml NS** via IV. Repeat CBG and treatment PRN every 5-10 minutes.

C. Opiate Overdose

1. If opiate intoxication is suspected, administer **Narcan 0.4 - 2.0 mg IV/IM/IN/IO**
2. If no improvement and opiate intoxication is still suspected, repeat *Narcan* every 3-5 minutes up to a total maximum dose of 4 mg.

D. Combative Patient

1. Consider causes for behavior (seizure, stroke, poisoning)
2. Request police assistance.
3. Restrain the patient in a lateral recumbent position or supine.
 Consider chemical sedation. *Contact medical control for administration of two or more medications IV:*
 - a. **Haloperidol 2-5 mg IM/IV,**
 - b. **Midazolam or Lorazepam 2 mg IM/IV,**
 - c. **Diphenhydramine 25-50 mg IM/IV.**
4. Suspected excited delirium: **Ketamine 4 mg/kg IM or 1 mg/kg IV.**

PEDIATRIC PATIENTS:

A. Hypoglycemia

- Infants < 10 kg (birth to 1 year) with CBG < 45 mg/dcl:
 - Give **2.5 - 5 ml/kg** of **Dextrose 10%**.
- Children 10 kg – 35kg with CBG < 60 mg/dcl:
 - Give **100 ml Dextrose 10%** or **2- 4 ml/kg** of **Dextrose 25%**.
- Repeat dextrose as needed.
- **Glucagon 0.5 mg IM** (< 5 y/o or < 20 kg) to a maximum of 1 mg.

B. If suspected opiate overdose

- **Naloxone 0.1 mg/kg IV/IO/IM/IN** to a maximum of 2 mg.

NOTES & PRECAUTIONS:

- A. If patient is disoriented, think of medical causes.
- B. If patient is suicidal do not leave alone.
- C. All patients in restraints must be monitored closely.
- D. Observe for decreased LOC, focal neurological findings, and hypothermia.
- E. Look for Medical Alert tags.