TREATMENT: Treat per Universal Patient Care protocol.

- A. <u>Hypoglycemia</u>
  - 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%, IV/IO titrate to effect or Dextrose 50% (Dilute with NS or LR) slow IV. IO if unable to obtain IV access.
  - 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 or LR** 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 prn.
- D. <u>Combative Patient</u>
  - 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:
      - a. Haloperidol 2-5 mg IM/IV,
      - b. Droperidol 2.5 mg IV or 5 mg IM,
      - c. Midazolam or Lorazepam 2 mg IM/IV,
      - d. Diphenhydramine 25-50 mg IM/IV.
  - 4. Suspected excited delirium: Ketamine 2-4 mg/kg IM or 1-2 mg/kg IV.

## **PEDIATRIC PATIENTS:**

- A. Hypoglycemia
  - Infants < 10 kg (birth to 1 year) with CBG < 45 mg%:
    - Give 2.5 5 ml/kg of <u>Dextrose 10%.</u>
  - Children 10 kg 35kg with CBG < 60 mg%:</li>
    Give 2 4 ml/kg of <u>Dextrose 25%</u>.
  - 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.