


Altered Neurologic Function										
ADULT	PEDIATRIC									
BLS Procedures										
<p>If suspected stroke, refer to VC EMS Policy 705.26 – Suspected Stroke Administer oxygen as indicated Determine blood glucose level If less than 60 mg/dl</p> <ul style="list-style-type: none"> • Oral Glucose – patient must be awake and able to swallow with a gag reflex intact <ul style="list-style-type: none"> ○ PO 15 g <p><i>* Treat as above if you have clinical suspicion of hypoglycemia and are unable to obtain glucose level due to glucometer malfunction or error reading.</i></p>										
ALS Prior to Base Hospital Contact										
<p>IV/IO Access Determine Blood Glucose level, if not already performed by BLS personnel or post oral glucose administration</p> <p><u>If less than 60 mg/dl</u></p> <ul style="list-style-type: none"> • D10W <ul style="list-style-type: none"> ○ IV/IOPB-100 mL (10 g)-Rapid Infusion • Glucagon (If no IV access) <ul style="list-style-type: none"> ○ IM – 1 mg <p>Recheck Blood Glucose level 5 min after Dextrose, or 10 min after Glucagon administration</p> <p><u>If still less than 60 mg/dl</u></p> <ul style="list-style-type: none"> • D10W <ul style="list-style-type: none"> ○ IV/IOPB-150 mL (15 g)-Rapid Infusion <p><i>* Treat as above if you have clinical suspicion of hypoglycemia and are unable to obtain glucose level due to glucometer malfunction or error reading.</i></p>	<p>IV/IO Access Determine Blood Glucose level, if not already performed by BLS personnel or post oral glucose administration</p> <p><u>If less than 60 mg/dl</u></p> <ul style="list-style-type: none"> • D10W <ul style="list-style-type: none"> ○ IV/IOPB-5 mL/kg-Rapid Infusion ○ Max 100 mL • Glucagon (If no IV/IO access) <ul style="list-style-type: none"> ○ IM – 0.1 mL/kg ○ Max 1 mg <p>Recheck Blood Glucose level 5 min after Dextrose or 10 min after Glucagon administration</p> <p><u>If still less than 60 mg/dl</u></p> <ul style="list-style-type: none"> • D10W <ul style="list-style-type: none"> ○ IV/IOPB-7.5 mL/kg-Rapid Infusion ○ Max 150 mL <p><i>* Treat as above if you have clinical suspicion of hypoglycemia and are unable to obtain glucose level due to glucometer malfunction or error reading.</i></p>									
Base Hospital Orders only										
Consult with ED Physician for further treatment measures										
<p>Additional Information:</p> <ul style="list-style-type: none"> • Certain oral hypoglycemic agents (e.g. - sulfonylureas) and long-acting insulin preparations have a long duration of action, sometimes up to 72 hours. Patients on these medications who would like to decline transport MUST be warned about the risk of repeat hypoglycemia for up to 3 days, which can occur during sleep and result in the patient's death. If the patient continues to decline further care, every effort must be made to have the patient speak to the ED Physician prior to leaving the scene. • If patient has an ALOC and Blood Glucose level is greater than 60 mg/dl, consider alternate causes: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A - Alcohol</td> <td style="width: 33%;">O - Overdose</td> <td style="width: 33%;">I - Infection</td> </tr> <tr> <td>E - Epilepsy</td> <td>U - Uremia</td> <td>P - Psychiatric</td> </tr> <tr> <td>I - Insulin</td> <td>T - Trauma</td> <td>S - Stroke</td> </tr> </table>		A - Alcohol	O - Overdose	I - Infection	E - Epilepsy	U - Uremia	P - Psychiatric	I - Insulin	T - Trauma	S - Stroke
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 VCEMS Medical Director