



4201

Symptomatic
Hypoglycemia

Treatment Protocol



Last Reviewed: March 14, 2024

Last Revised: September 13, 2024

BLS Patient Management

- **Establish, maintain, and ensure:**
 - A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
 - B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
 - C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated
- **Oxygen**
As clinically indicated. Titrate to maintain, or increase, SpO₂ to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD
- Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements
- Attach ECG leads to the patient when a paramedic is present

Symptomatic hypoglycemia:

- Have a blood glucose less than 80 mg/dl in adults
- Have a blood glucose less than 70 mg/dl in pediatrics
- Have a blood glucose less than 60 mg/dl in neonates if greater than 48 hours old but less than 28 days old
- Have a blood glucose less than 45 mg/dl in neonates less than 48 hours old

BLS and ALS care providers

PATIENT MUST BE ALERT AND COOPERATIVE (ADULTS), WITH GAG REFLEXES INTACT.

Adults: Glucose Gel (oral) 15 gm (1 tube) PO. **MAY REPEAT PRN.**

Pediatrics and Neonates: Glucose Gel (oral/buccal) PO AS TOLERATED. **MAY REPEAT PRN TO ACHIEVE AND /OR**

ALS Patient Management

- Interpret and continuously monitor ECG, vital signs and SpO₂
- **For symptomatic hypoglycemia with blood glucose less than 80 mg/dL in adults, 70 mg/dL in pediatrics, 60 mg/dl in neonates greater than 48 hours but less than 28 day, and 45mg/dl in neonates less than 48 hours old**
Adults: Dextrose 25 gm (D10%) IV/IO bolus or infusion. **MAY REPEAT PRN.**
Pediatrics and neonates: Dextrose 5 mL / kg (D10%) IV/IO bolus or infusion. **MAY REPEAT PRN.**
- **For symptomatic hypoglycemia with blood glucose less than 80 mg/dL in adults, 70 mg/dL in pediatrics, 60 mg/dl in neonates greater than 48 hours but less than 28 day, and 45mg/dl in neonates less than 48 hours old WHEN UNABLE TO ADMINISTER DEXTROSE**
Adults: Glucagon 1 mg IM. **ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).**
Pediatrics and neonates:
Weight = 21 kg (≈46 lbs) or less: Glucagon 0.5 mg IM.
Weight = 22 kg (≈48 lbs) or more: Glucagon 1 mg IM.
ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).
- **For neonatal resuscitation**
INITIAL AND REPEAT ADMINSTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).
Dextrose 5 mL / kg (10% solution) IV/IO bolus or infusion

MAINTAIN CORRESPONDING AGE APPROPRIATE BLOOD GLUCOSE LEVEL	
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Patient Disposition

- **CONTACT A SINGLE BASE HOSPITAL FOR ANY PATIENT THAT REFUSES TRANSPORT FOLLOWING THE INITIATION OF AN ALS TREATMENT**