

Hyperglycemia (Adult and Pediatric)**CFR AND ALL PROVIDER LEVELS**

1. If signs of shock, treat under the Shock / Sepsis (Adult), or Shock / Sepsis (Pediatric) protocol.
2. ABCs and vital signs.
3. Airway management, and appropriate oxygen therapy.
4. Maintain body temperature.

● CFR STOP**EMT**

5. Determine Blood Glucose Level.
 - a. Request ALS assistance for patients with a Blood Glucose Level above 300 mg/dL, **AND** altered mental status, tachypnea, or signs of dehydration.

● EMT STOP**Paramedic**

6. If patient is demonstrating signs of inadequate ventilation, perform Advanced Airway Management.
7. Intravascular access for patients with any of the following:
 - a. A Blood Glucose Level above 300 mg/dL with altered mental status, tachypnea, or signs of dehydration
 - b. A Blood Glucose Level above 500 mg/dL
 - c. A glucometer reading of “high”, “HI”, or “check ketones”
8. For Adult patients:
 - a. Crystalloid fluid, up to a maximum of 1 liter*.
9. For pediatric patients:
 - a. Crystalloid fluid, 20 ml/kg, to a maximum of 1 liter*.
10. Begin cardiac monitoring.
11. Transport.

● Paramedic STOP**Medical Control Options**

1. Adult patients:
 - a. Administer one (1) additional liter of crystalloid fluid.
2. Pediatric patients:
 - a. Administer an additional bolus of 10 ml/kg (maximum of 1 liter) of crystalloid fluid.

Key Points / Considerations

1. *Accurate documentation of pre-arrival fluid administration is required.
2. Refer all weight based fluids/medications to a Length Based Dosing Device.