

**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%, 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. 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 in order below:

- a. **Droperidol 2.5 mg IV or 5 mg IM,**
- b. or **Haloperidol 2-5 mg IM/IV,**
- c. **Midazolam or Lorazepam 2 mg IM/IV,**
- d. **Diphenhydramine 25-50 mg IM/IV.**
- e. or **Ketamine 2-4 mg/kg IM or 1-2 mg/kg IV.** (\*\*Use caution with intoxicated patients or illicit drug use\*\*)

**PEDIATRIC PATIENTS:**

**A. Hypoglycemia**

- Infants < 10 kg (birth to 1 year) with CBG < 45 mg%:
  - Give 2.5 - 5 ml/kg of **Dextrose 10%**.
- Children 10 kg – 35kg with CBG < 60 mg%:
  - Give 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.
- F. Sedated pts should have cardiac, capnography and SpO2 monitoring if available.