



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES  
HYPERGLYCEMIA (ADULT/ADOLESCENT)

#: BH-M-10

Page: 1 of 1

Date: 10/01/19

**BASE GUIDELINES**

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatment/procedures not initiated prior to base hospital contact.
2. If no signs of fluid overload, may consider additional IV NS boluses.

**ALS STANDING ORDER**

1. Assess blood glucose.
2. If mental status, vital signs, and pulse oximetry normal AND:
  - *Glucose less than 250 and no other complaint exists requiring ALS intervention/transport, may transport BLS.*
  - *Glucose greater than 250 but less than 400, and no other complaint exists requiring ALS intervention, may transport BLS if no other co-morbidities exist.*
    - Consider ALS transport if patient also has history of:

Active Cancer	Active abdomen pain with vomiting
Renal Failure	Congestive Heart Failure
Liver Disease	Organ Transplant
Immunosuppression	Frail Elderly
  - *Glucose greater than or equal to 400, transport ALS.*
3. If patient has a blood glucose greater than 250 AND:
  - is confused/lethargic, OR
  - has a heart rate greater than 120, OR
  - has a respiratory rate greater than 20 and labored breathing (see note below), OR
  - has history of fever, OR
  - if oxygen saturation is less than 94%,  
transport ALS and consider DKA.
  - *Administer high-flow oxygen by mask or nasal canula at 6 L/min flow rate if tolerated*
  - *Monitor cardiac rhythm*
  - *Establish IV access*
  - *If no signs of fluid overload, give Normal Saline, infuse 250 ml IV, repeat up to maximum 1 liter to maintain adequate perfusion.*

NOTE:

- **Kussmaul breathing:** deep and labored breathing pattern often associated with diabetic ketoacidosis (DKA).
- Consider ETCO<sub>2</sub> measurement to evaluate for acidosis.
- Consider sepsis.

Approved:

*Carl Schultz, MD*

Reviewed:

Implementation Date: 10/01/19

OCEMS copyright © 2019