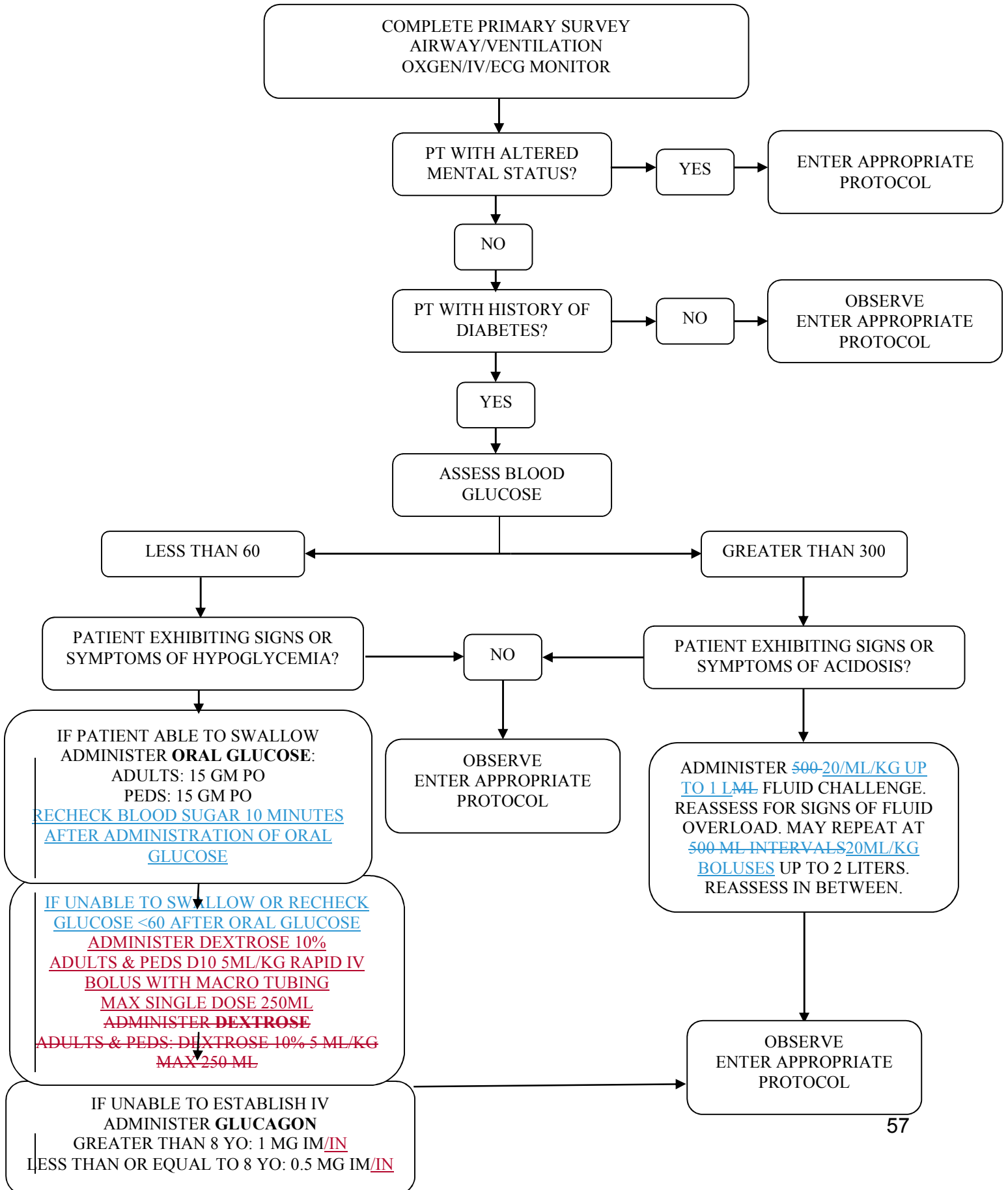


**DIABETIC EMERGENCY**

Policy Number: **405**

Effective Date: **July 1, 2014**

Revision Date: **DRAFT**



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1. If patient has an altered level of consciousness refer to “Altered Mental Status” protocol first. If “Altered Mental Status” protocol was already referred to, continue treatment on this protocol for the patient with a diabetic emergency.
2. If oral Glucose is administered, wait 10 minutes and reassess blood sugar. If blood sugar is less than 60mg/dl then move to Dextrose 10%.
3. Pressure infuser (i.e. Blood pressure cuff) may be used to help administer rapidly
- 2.4. Assessment of patient should include attempting to locate Med Alert bracelet/pendant, patient refrigerator or belongings for insulin, and assessment of abdomen for indications of insulin injection.
- 3.5. Frequently assess lung sounds for development of pulmonary edema or peripheral edema while administering fluid challenges.
- 4.6. Common signs and symptoms of diabetic emergencies are below:

<b>Hypoglycemia</b>	<b>Diabetic Ketoacidosis</b>	<b>Hyperglycemic Hyperosmolar Nonketonic (HHNK) Acidosis</b>
Weak, rapid pulse	Tachycardia	Tachycardia
Normal or shallow respirations	Deep, rapid respirations (Kussmaul’s respirations)	Normal
Cold, clammy skin	Warm, dry skin and mucous membranes	Warm, dry skin and mucous membranes
Weakness, uncoordination	Fever	Orthostatic hypotension
Headache	Nausea/vomiting	Vomiting
Irritable, agitated behavior	Abdominal pain	Decreased mental function/lethargy
Decreased mental function or bizarre behavior	Decreased mental function/restlessness	Coma
Coma	Coma	Possible seizures
Seizures	Polyuria, polydipsia, polyphagia	
	Fruity odor on breath	