Hypoglycemia (Insulin Shock)

Information Needed

1. History: diabetic, sudden or gradual onset, recent stress, illness or fever, last meal, last insulin administration; past medical hx; medications; drug or alcohol use.
2. Physical findings: BGL < 70, altered mental status, cool and clammy skin, dehydration, tachycardia, tremors or seizures, medical alert tag.

Treatment

1. Protect airway and assist ventilation as needed.
2. Administer O_2 moderate to high flow as needed.
3. Determine vital signs (pulse, blood pressure, respirations, SPO2).
4. Perform patient assessment.
5. Establish venous or IO access and draw blood.
6. Determine blood sugar.
7. If blood sugar <70 and patient has altered level of consciousness, give glucose in one of the following manners:
   a. Fluid with sugar or instant glucose orally, if pt can protect his airway and swallow.
   b. Dextrose 50% intravenously if question that the patient can't protect airway.
   c. Glucagon IM or MAD (2mg), if IV or IO access not readily available.
8. Reassess patient including blood sugar.

Notes

1. Hypoglycemia can present as seizures, coma, behavioral problems, intoxication, confusion, or focal deficits.
2. Elderly patients and patients who have experienced prolonged hypoglycemia may be slow to awaken.
3. Transport may be unnecessary if patient awakens, is on medication for diabetes and has his own physician. Consult medical control.
4. Some patients whose BGL usually runs high may experience symptoms of hypoglycemia at BGLs higher than 70.
5. Patient’s family or friends are a valuable resource for information.