

POLICY: 554.42
TITLE: Glycemic Emergencies

EFFECTIVE: 9/1/2026
REVIEW: 8/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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GLYCEMIC EMERGENCIES

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
Blood sugar testing is the only accurate method to determine if a patient has hypoglycemia or hyperglycemia.

Hypoglycemia: Blood glucose < 70 mg/dL. Characterized by: ALOC, seizures, combativeness, psychosis, disorientation, diaphoresis, shaking.

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic A=Advanced EMT D = Base Hospital Physician Order Required

	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
PULSE OXIMETRY: apply and monitor		X	X	X	X	
CAPNOGRAPHY: apply and monitor					X	
OXYGEN: if pulse oximetry <94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
TEST FOR GLUCOSE		X	X	X	X	
HYPOGLYCEMIA Blood glucose < 70 mg/dL	F	E	O	A	P	D
ORAL GLUCOSE: consider administering oral glucose to patients who are awake and have an intact gag reflex	X	X	X	X	X	
VASCULAR ACCESS: P - IV/IO, AEMT - IV only, rate as indicated				X	X	
D10: infuse 100 mL IV/IO if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post infusion. If blood glucose < 70 mg/dL infuse remaining 150 mL.				X	X	
GLUCAGON: If no IV/IO access and unable to tolerate oral glucose, give 1 mg IM if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post injection. If blood glucose remains < 70 mg/dL, repeat 1 mg IM.				X	X	

HYPERGLYCEMIA Blood glucose > 300 mg/dL	F	E	O	A	P	D
VASCULAR ACCESS: P - IV/IO, AEMT - IV only, rate as indicated.				X	X	
FLUID BOLUS: administer 250 mL fluid bolus of NS, up to a total of 2 liters. Reassess after each bolus. HYDRATE WITH CAUTION in patients with chronic renal failure, CHF, and hypertension.				X	X	