



Indiana Emergency Medical Services for Children – Pediatric Hypoglycemia

MODEL PROTOCOL

ALS Care Provider

Pediatric Hypoglycemia – A clinical state characterized by blood glucose less than or equal to 60 mg/dl, (in neonates less than or equal to 40 mg/dl).

Clinical findings – Signs and symptoms can be variable but may include; irritability, agitation, poor feeding, hypotonia weakness, tachycardia, tachypnea, blurred vision, headache, tremors, sweating, confusion, seizure, and coma. Hypoglycemia in children may be related to diabetes but can also result from sepsis, ETOH intoxication, accidental ingestion of medications such as Beta-blockers or oral hypoglycemic agents, inborn errors of metabolism, prolonged fasting with GI illness and trauma.

Complete Assessment

Assess airway Assess neurological status Assess glucose level Assess temperature Assess injury

Glucose < 60mg/dl or <40mg/dl (neonate)

If child awake, alert and appropriate: give oral glucose (juice, cake frosting, etc; formula for neonate)

Establish IV/IO access

Administer Dextrose (0.5 g/kg):

- > 12 yrs old D50% 1 ml/kg IV/IO
- 1 – 12 yrs old D25% 2 ml/kg IV/IO
- <1 yr old D10% 5 ml/kg IV/IO

If no IV access administer glucagon:

- > 8 yrs 1mg IM
- < 8 yrs 0.5mg IM

NOTE: To make D25% discard 25 ml out of one amp of D50, then draw 25 ml of NS or sterile water into the D50 amp; To make D10% discard 40ml out of one amp of D50, then draw 40ml of NS or sterile water into the D50 amp. Agitate syringe to mix solution.

Pediatric Glucose > 60 mg/dl

Neonate Glucose > 40 mg/dl

Persistent Altered Mental Status

Reassess patient glucose and respiratory effort. Consider alternate causes of altered level of consciousness and refer to those protocols