**Hyperglycemia**

For patients with primary concern for hyperglycemia and/or associated symptoms (e.g., blurred vision, frequent urination or thirst) without more specific primary impression and those requiring field treatment. DO NOT list for incidental finding of hyperglycemia related to another illness.

**History**
- Past medical history
- Medications
- Recent blood glucose check
- Last meal
- Compliance with diet/meds
- Blood sugar log

**Signs and Symptoms**
- Altered mental status
- Combative or irritable
- Diaphoresis
- Seizure
- Abdominal pain
- Nausea or vomiting
- Weakness
- Dehydration
- Deep or rapid breathing

**Differential**
- Alcohol or drug use
- Toxic ingestion
- Trauma or head injury
- Seizure
- Stroke
- Altered mental status

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**Pearls**
- It is safer to assume hypoglycemia than hyperglycemia if doubt exists.
- Do not place IV in lower extremities.
- Quality control checks should be maintained per manufacturer’s recommendation for all glucometers.

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**Blood glucose analysis**
- Cardiac monitor
- 12-Lead ECG
- Establish IV/IO
- If blood glucose ≥ 350mg/dL without evidence of CHF/fluid overload
  - Normal Saline bolus 500ml IV/IO
  - Maximum 2L

**Notify receiving facility. Consider Base Hospital for medical direction**

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**Effective November 2018**

**Establish IV/IO**

**If blood glucose ≥ 350mg/dL without evidence of CHF/fluid overload**

**Normal Saline bolus 500ml IV/IO**

**Maximum 2L**

**Notify receiving facility. Consider Base Hospital for medical direction**

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**Effective April 2020**

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