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 diary

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 baseline mental status

Temperature measurement
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.

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.