History
- Past medical history
- Medications
- Recent blood glucose check
- Last meal

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

### Blood glucose analysis

**E**
- Suspected hypoglycemia or patient’s glucometer results read <60 mg/dl
  - Cardiac monitor
  - 12-Lead ECG procedure *if indicated*
  - Establish IV/IO

**E**
- Blood glucose ≤ 60 mg/dl
  - Able to follow commands but symptomatic
    - Yes: **E** Consider Oral Glucose 1 tube (30g)
    - No: **P** D-10 IV
      - Use Pediatape and refer to dosing guide
      - No venous access
        - Glucagon IM
          - Use Pediatape and refer to dosing guide
          - *Repeat in 15 minutes if needed*
          - *Consider IO access as a last resort*
          - Improving?
            - Yes:
              - Notify receiving facility. Contact Base Hospital for medical direction
            - No:
              - **P** If blood glucose < 60 mg/dl
                - Repeat D-10 IV
                  - Use Pediatape and refer to dosing guide
                  - Improving?
                    - Yes:
                    - No:

**E**
- Blood glucose ≥ 350 mg/dl
  - Normal Saline bolus IV
    - Use Pediatape and refer to dosing guide

**E**
- Exit to Hypotension/ Shock TG
  - Yes: **Yes**
  - No: **No**

### Pearls
- Do not administer oral glucose to patients that are not able to swallow or protect their airway.
- Patients with prolonged hypoglycemia may not respond to Glucagon.