**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

**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.

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**Blood glucose analysis**
- Suspected hypoglycemia or patient’s glucometer results read <60mg/dl

**Cardiac monitor**
- 12-Lead ECG procedure if indicated

**Establish IV/IO**
- Altered Mental Status TG if indicated
- Blood glucose analysis
- Normal Saline bolus IV
- If blood glucose < 60mg/dl
  - D-10 IV
  - Use Pediatape and refer to dosing guide
- Improving?
  - Yes
  - Repeat D-10 IV if needed
  - Consider IO access as a last resort
- No
  - 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
  - Normal Saline bolus IV
  - Exit to Hypotension/Shock TG
  - No
  - Notify receiving facility.
  - Contact Base Hospital for medical direction, as needed

**Blood glucose ≥ 350mg/dl**
- Blood glucose ≥ 350mg/dl
- Consider Oral Glucose 1 tube (30g)
- Use Pediatape and refer to dosing guide
- Repeat in 15 minutes if needed
- Consider IO access as a last resort
- Improving?
  - Yes
  - Normal Saline bolus IV
  - Exit to Hypotension/Shock TG
  - No
  - Notify receiving facility.
  - Contact Base Hospital for additional order

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