

# Common EMT Emergencies

**Type I Diabetes:** Insulin Dependent Diabetics need to take insulin daily. Juvenile onset with the inability to produce their own insulin. Remember, Insulin is the key to unlock the cell for glucose to get in. When that happens your body has the ability to function properly and produce energy for work. A typical emergency for Type I diabetics include Hyperglycemia and eventually (Diabetic Keto-Acidosis). Also known as “Diabetic Coma”. DKA occurs when the body begins to burn stored fats for energy because there is no glucose available for fuel.

## **Signs and Symptoms of Hyperglycemia (DKA):**

- Decreased LOC
- Warm, Dry skins (warm and dry-sugar high)
- Excessive urination
- Excessive thirst
- May have fruity odor on breath (Respiratory acidosis)
- Deep, Rapid respirations (Kussmaul Respirations) The result of too much sugar in blood, the body is in a state of respiratory acidosis therefore tries to rid itself of this sugar by rapid breathing, and by means of excessive urination.
- May have Abnormal vitals
- Poor skin Turgor which is a sign of dehydration.
- Blood glucose level above 350.....in reality it will be much higher around 400 +

## **BLS Treatment for Hyperglycemia:**

- High Flow Oxygen via Non-rebreather mask at 15 LPM hooked up to 100% Oxygen
- Placing Pt. in position of comfort when appropriate
- Always Upgrade ALS. Identify when Vitals are abnormal, Decreased Level of Consciousness, etc.
- Serial Vitals q 3-5 minutes and notice trends of pt improvement or deterioration
- Obtain A (SAMPLE) History during the secondary exam after Oxygen has been administered, Vitals are delegated, and We have upgraded ALS.
- Obtain Blood Glucose reading from patients on BS Monitor device
- Wait for ALS to arrive!

**Type II Diabetes:** is also referred to as *noninsulin-dependent diabetes mellitus (NIDDM)* because Type II patients usually do not have to take insulin. They do have to regulate their diet, exercise, and take oral drugs to help the pancreas secrete more insulin or to make the insulin that is secreted more effective in facilitating movement of glucose into the cells. Type II Diabetics are usually over weight and older. Also referred to as Adult onset. During a Hypoglycemic emergency you may hear the term “Insulin Shock”.

**Signs and Symptoms of Hypoglycemia:**

- Pale, Cool, Diaphoretic skins for very low BS, usually below 60
- Altered LOC
- Pt. may be combative
- Slurred speech
- Inability to follow commands.....S&S are very similar to Stroke!!!! Always get BS reading for any Altered Mental Status Pt.
- Vitals may be abnormal
- Snoring respirations

**BLS Treatment for Hypoglycemia:**

- High Flow Oxygen via Non-rebreather mask at 15 LPM hooked up to 100% Oxygen
- Placing Pt. in position of comfort when appropriate
- Always Upgrade ALS. Identify when Vitals are abnormal, Decreased Level of Consciousness, etc.
- Serial Vitals q 3-5 minutes and notice trends of pt improvement or deterioration
- Obtain A (SAMPLE) History during the secondary exam after Oxygen has been administered, Vitals are delegated, and We have upgraded ALS.
- Obtain Blood Glucose reading from patients on BS Monitor device, if blood sugar is below 60 and pt is altered with known diabetic history, treat appropriately
- Administer Oral Glucose Replacement (Gel) Buccal (Between Cheek and Gum) only if patient is alert enough to follow commands and can move their own secretions, or they can swallow juice or their own saliva. Typically we will show up when they are deteriorating mentally and are trying to self medicate with food or candy
- Always follow the 5 rights of medication administration: right drug, right pt., right route, right dose, right time!
- Document positive or negative changes with mentation after oral glucose has been given. Oral glucose dose is simply 1 tube. No math necessary!
- Re-check blood glucose level to see if our numbers have improved along with an improved mental status. Keep in mind that oral glucose takes up to 15 minutes to have its positive effect.
- Wait for ALS to arrive!