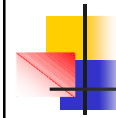


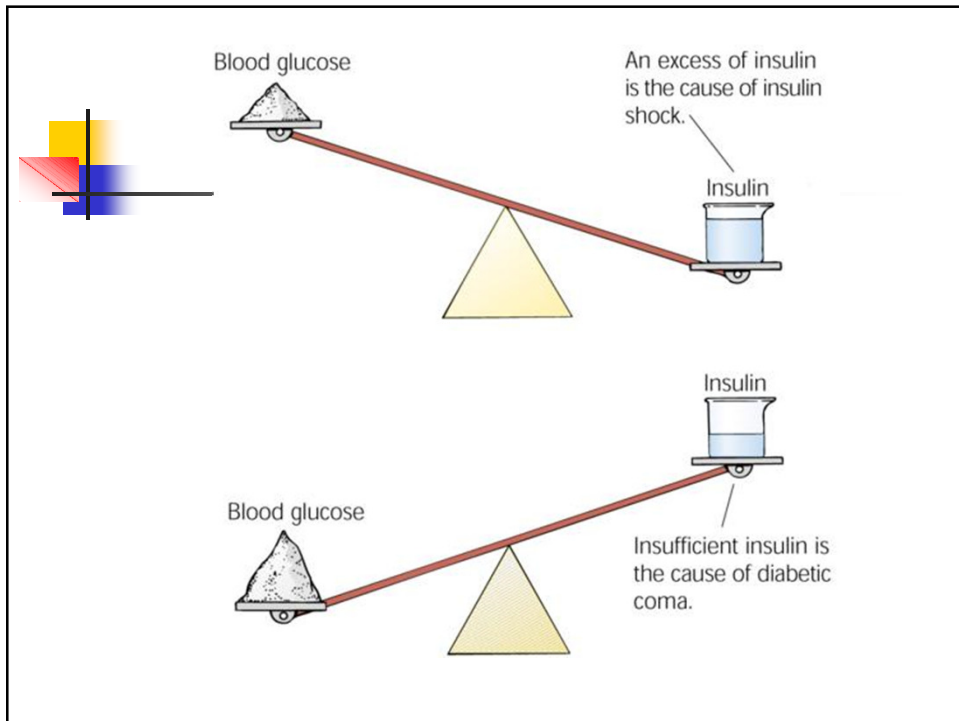
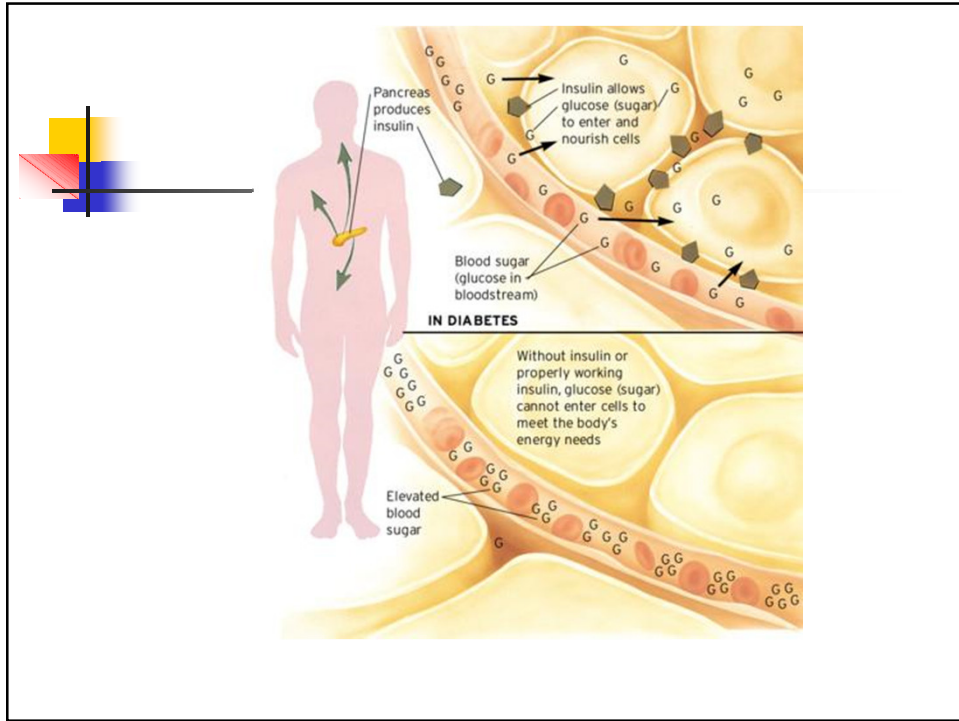
Diabetic Emergencies/AMS

Aaron J. Katz, AEMT-P, CIC
www.es26medic.net
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Diabetes -- basics

- **Glucose** – “simple” form of sugar
- **Glucose** – the body’s basic energy source
- Glucose must be absorbed into body cells to produce energy
- Glucose can not be absorbed into body cells without ***insulin***
- Insulin – hormone produced and secreted by the pancreas
- Glucose/insulin
 - Lock & key analogy
 - Balance scale





hyperglycemia

- Insufficient insulin?
- A dangerous chain reaction:
 - Decreased absorption of glucose
 - Excess sugar in bloodstream
 - Spills over into the urine
 - Patient urinates excessively (“polyuria”)
 - Patient becomes excessively thirsty (“polydypsia”)
 - Patient becomes dehydrated
- → **BUT THE BODY REQUIRES ENERGY, so...**



Hyperglycemia – cont’d

- Body converts fat to energy
- Inefficient creation of energy
 - Less energy produced per gram
- **Produces dangerous wastes**
 - **Ketones**
 - **Diabetic Ketoacidosis (“DKA”)**
- **Very often, pt is found in DKA is not aware that they are diabetic**



Diabetes

- Diabetes Mellitus ("DM")
- Sweet Urine



Diabetes -- causes

- Minimal/No insulin production
 - IDDM
 - Insulin dependent
 - Juvenile onset
 - **Requires insulin**
- Decreased insulin production or inability of body cells to use insulin properly
 - NIDDM
 - Adult onset
 - **Often associated with obesity**
 - **Controlled by some combination of diet and/or oral hyperglycemic medications**



hypoglycemia

- **Most common and dangerous diabetic emergency**
- Causes include:
 - Too much insulin/oral medications
 - Reduced food/sugar intake
 - Excessive exercise
 - Vomits a meal
 - The takes insulin anyway



Effects of hypoglycemia

- **Altered mental status!**
- Unconsciousness
- Seizures
- Brain damage
- Death
 - **Remember: 20-25 minutes of no glucose in the brain is the equivalent of 4-6 minutes with no oxygen!**



Patient assessment

- Perform initial assessment
 - **Identify AMS, diabetes history**
- Get SAMPLE history
- Determine LOC
 - Can the patient maintain their airway?
 - **Can the patient swallow a source of glucose?**
 - Monitor vital signs



Get SAMPLE history

- History of present episode
- Does patient have diabetes?
- Gather evidence
 - **Medical bracelet**
 - Medications such as diabinase, glucophage
 - Insulin **in the fridge?**
 - Speak with family, bystanders



Hypoglycemia – S/S

- AMS
 - Intoxicated appearance, staggering, slurred speech, unconsciousness
- Tachycardia
- Cool diaphoretic skin
- Extreme hunger (“polyphagia”)
- Seizures
- Strange behavior
- Anxiety
- Combativeness



Diabetic/AMS -- Treatment

- Request ALS
- ABCs
 - O₂
- **If patient sustained head trauma – transport immediately!**
- Determine V/S & LOC



Diabetic/AMS – Treatment (cont'd)

- If patient is conscious; has a known history of diabetes **and is able to drink without assistance**
 - Provide an oral glucose solution
- Transport immediately
- Ongoing assessment
 - **Be alert for changes in LOC**



Oral glucose forms

- **Sugared** drink
- Concentrated glucose
 - Tablets
 - Gel
 - Insta-glucose
 - Glucose



Children – add'l issues

- More at risk for hypoglycemia
- Exercise more aggressively
- Use up glucose quickly
- Less disciplined about eating correctly
- **Need to be diligent about modifying insulin doses with changing weight**



Hyperglycemic emergencies

- Not enough insulin for glucose ingested
- Forgets to take insulin
- Overeats
- **Has infection – upsetting insulin glucose balance**



Hypoglycemia vs. hyperglycemia

- **Very similar** signs and symptoms
- **NOT IMPORTANT TO DISTINGUISH**
- ***Rule of thumb: "Sugar for all"***



Distinguishing factors?

	<u>Hyperglycemia</u>	<u>hypoglycemia</u>
Onset	Slow	Rapid
Skin	Warm, dry, red	Cool, pale, moist
Respirations	"Kussmaul's"	Rapid, shallow



Diabetes

- A **tragic** disease
- Often the root cause of many other serious illnesses