

Diabetic emergency – Insulin Shock - Hypoglycemia (low blood sugar). Patient took medication, but did not eat, didn't eat enough, delayed eating, had unusual stress or increased activity, or vomited.

Scenario	About 8:00 pm. while working several hours overtime, you see a co-worker walking unsteadily down the walkway. He has worked the same long shift as you, and seemed fine earlier. When you approach, you note he is sweating, seems mildly confused, and is trembling.	
Equipment	BSI Equipment Run Sheet O ₂ Tank w/Liter flow regulator Bag Valve Mask Suction – Hard/soft catheters	Stethoscope Non-Rebreather Mask BP Cuff Airways – oral/nasal

Your Actions		Findings - Conscious
Scene Size-up:	• Scene Safety	Check for any hazards to you – including smoke, chemicals, unusual odors, strangers and pets
	• BSI	Minimum of gloves
	• Mechanism of Injury/Illness	Medical - Staggering, trembling, diaphoretic
	• Additional Resources (beyond normal response)	ERT, supervisor
	• Number of patients	1
	• Advanced care required	Yes – Altered mental status
Initial Assessment	• General Impression/Chief Complaint	Poor - sweating, skin is pale and cool, confused, trembling
	• Assess Mental Status (AVPU) (PPT)	Alert, but confused, showing signs of anger
	• Assess airway	OK - Patent
	• Assess breathing/interventions	OK – apply O ₂ by non-rebreather @ 15 lpm
	• Assess circulation	OK - rapid
	• Determine priority	High – Altered Mental Status

Conscious Medical Patient Focused History / Physical Exam	From Patient: • Obtain a Present illness history • O P Q R S T	Onset: Sudden – just started to feel “jumpy” Provokes: Nothing Quality: - N/A - Radiation: - N/A - Severity: -N/A - Time: About 15 minutes ago	
	From Patient: • Obtain a SAMPLE history	Signs and Symptoms: Sweaty, agitated, pale, rapid pulse, confused, not behaving “normally” Allergies: Deny Medications: Glucotrol Pertinent Past history: Diabetic Last Oral Intake: Lunch at 12:45 Events leading up to injury or illness: Nothing – just finishing his shift so he could go home, have dinner and watch the game	
	• Focused Physical Exam	Pursue questioning on Diabetic history – normal meal times, snack breaks, medications....	
	• Obtain baseline vitals	Pulse: 120 BP: 132/90 Respirations: 14	Skin: cool, moist, clammy
	• ALS	Yes – Patient may need ALS intervention	
Intervention	• Treat for Diabetic Emergency	If KNOWN HYPO (Low sugar) provide the CONSCIOUS patient with sugar – sugared drink, sugared candy, medical “glucose”. If no improvement in 15 minutes, retreat if still conscious, and then seek medical care. If KNOWN diabetic emergency but UNKNOWN if HYPER or HYPO provide sugar to the CONSCIOUS patient. If condition worsens, or patient goes unconscious, seek immediate assistance	
Transport	• Load/Prepare for Transport	Place on stretcher in position of comfort and transport	
Ongoing Assessment	• Repeat Initial assessment	Improving mental status, color	
	• Reassess Vitals	Returning to normal range	
	• Repeat Physical Assessment	No new findings	
	• Check Interventions	Advise patient he must eat a real meal as the sugared candy will not provide long lasting relief. DO NOT allow patient to drive or operate equipment or machinery till fully recovered	
TREAT LIFE THREATS	• Intervention	If treatment does not improve condition and patient condition declines, seizures or unconsciousness may result.	
	• Airway	Open airway with head-tilt/chin-lift	
	• Breathing	Check/assist breathing as needed	
	• Circulation	Check/perform CPR as required	
	• Transport	In position of comfort if conscious or left side “recovery position” if unconscious	
Ongoing Assessment	• Reassess Vitals	Every few minutes	