

Diabetic emergency – Diabetic Coma- Hyperglycemia (High blood sugar). Patient took too little medication, over ate, had had little activity, illness, or stress.

Scenario	About 10:00 pm. while working a double shift, you see a co-worker walking unsteadily down the walkway. He appears to be drunk, but you know he has worked the same long shift as you, and seemed fine earlier. When you approach, you note his skin is reddish, and is warm and dry to the touch. He seems confused, and is complaining of needing to find the men’s room – again!	
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, warm, dry, reddened skin, confusion
	• Additional Resources (beyond normal response)	Yes - Supervision
	• Number of patients	1
	• Advanced care required	ALS - altered mental status
Initial Assessment	• General Impression/Chief Complaint	Poor – unknown medical problem – altered mental status, warm, red, dry skin
	• Assess Mental Status (AVPU) (PPT)	Alert but confused
	• Assess airway	OK
	• Assess breathing/interventions	OK
	• Assess circulation	OK - rapid
	• Determine priority	High - altered mental status, unknown medical problem

Conscious Medical Patient Focused History / Physical Exam	From Patient: • Obtain a Present illness history • O P Q R S T	Onset: Been feeling worse since around dinner time at 5:30 Provokes: Nothing Quality: -N/A - Radiation: -N/A - Severity: -N/A - Time: Several hours	
	From Patient: • Obtain a SAMPLE history	Signs and Symptoms: warm, dry, reddish skin. Thirsty, had to pee several times in last couple of hours Allergies: Deny Medications: Micronase Pertinent Past history: Diabetic Last Oral Intake: Light dinner about 5:30 Events leading up to injury or illness: Nothing – just working as usual	
	• Focused Physical Exam	Pursue diabetic history – last meds? Normal med times? Meal times? You find he usually takes meds with dinner – working unscheduled double, didn't have meds with him to take so ate a smaller meal – figured it would be OK.	
	• Obtain baseline vitals	Pulse: 120 BP: 132/90 Respirations: 16 –deep/rapid	Skin: warm dry, red
	• ALS	YES – Patient needs intervention med intervention	
Intervention	• Treat for diabetic emergency	If KNOWN to be high sugar (HYPER) (low insulin) Patient needs prescribed insulin/medication to correct - if he has it, can self administer. 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	Position of comfort or left side “recovery position” if unconscious	
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 and take meds as prescribed. DO NOT allow patient to drive or operate equipment or machinery till fully recovered	
TREAT LIFE THREATS	• Intervention	If treatment does not improve condition in about 15 minutes or patient condition declines, unconsciousness may result.	
	• Airway	Open airway with head-tilt/chin-lift	
	• Breathing	Check/assist breathing as needed	
	• Circulation	Check/perform CPR as required	
Ongoing Assessment	• Reassess Vitals	Every few minutes	