

## Assessment and Emergency Care of Diabetic Emergencies

### Scene Size-up

Scene Safety	Ensure scene safety and address hazards. Standard precautions should include a minimum of gloves and eye protection. Consider the number of patients, the need for additional help/ALS, and cervical spine stabilization.
Mechanism of Injury/Nature of Illness	Determine the mechanism of injury (MOI)/nature of illness (NOI).

### Primary Assessment

Form a General Impression	Perform a rapid scan of the patient to determine level of consciousness and identify any life threats. Determine priority of care based on environment and MOI/NOI. Assess ABCs.
Airway and Breathing	Ensure patent airway. Insert airway adjunct, if indicated. Provide high-flow oxygen at 12 to 15 L/min. Evaluate rate, rhythm, and quality of the respirations and provide ventilations, as needed.
Circulation	Evaluate pulse rate, rhythm, and quality; observe skin color, temperature, and condition and treat accordingly.
Transport Decision	Rapid transport.

**NOTE:** The order of the steps in this section differs depending on whether the patient is conscious or unconscious. The order below is for a conscious patient. For an unconscious patient, perform a primary assessment, obtain vital signs, and if possible, obtain the past medical history before transport.

### History Taking

Investigate Chief Complaint	Investigate the chief complaint (history of present illness). Identify signs and symptoms and pertinent negatives. If the patient is not thinking or speaking clearly (or is unconscious), talk to a family member or bystander. Ask pertinent SAMPLE and OPQRST questions. Be sure to ask if and what interventions were taken before your arrival, how many interventions, and at what time. Ascertain if patient has taken insulin or pills for diabetes. Has the patient been compliant with his or her diet and medication regimens? Inquire about any recent illness, physical activity, and/or stress.
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## Assessment and Emergency Care of Diabetic Emergencies, continued

### Secondary Assessment

#### Physical Examinations

Perform a systematic examination assessing all regions. Assess respiratory, cardiovascular, neurologic, and musculoskeletal systems. Determine the blood glucose level and mental status using AVPU.

#### Vital Signs

Take vital signs, noting skin color and temperature, as well as patient's level of consciousness.

### Reassessment

#### Interventions

A conscious patient who is able to swallow can be given fluids with a high sugar content or a highly concentrated glucose gel, as protocols allow.

#### Communication and Documentation

Contact medical control with a radio report, informing of the patient's condition and blood glucose level(s). Relay any change in level of consciousness or difficulty breathing. Be sure to document any changes, the time they occurred, and blood glucose readings.

**NOTE:** Although the steps below are widely accepted, be sure to consult and follow your local protocol.

### Diabetic Emergencies

#### Administering Glucose

1. Examine the tube to ensure that it is not open or broken. Check the expiration date.
2. Squeeze a generous amount onto the bottom third of a bite stick or tongue depressor.
3. Open the patient's mouth. Place the tongue depressor on the mucous membranes between the cheek and gum, with the gel side next to the cheek.

## Assessment and Emergency Care of Hematologic Disorders

### Scene Size-up

Scene Safety	Ensure scene safety and address hazards. Standard precautions should include a minimum of gloves and eye protection. Consider the number of patients, the need for additional help/ALS, and cervical spine stabilization.
Mechanism of Injury/Nature of Illness	Determine the mechanism of injury (MOI)/nature of illness (NOI).

### Primary Assessment

Form a General Impression	Perform a rapid scan of the patient to determine level of consciousness and identify any life threats. Determine priority of care based on environment and patient's chief complaint. Assess ABCs.
Airway and Breathing	Ensure patent airway. Insert airway adjunct, if indicated. Provide high-flow oxygen at 12 to 15 L/min. Evaluate rate, rhythm, and quality of the respirations, and provide ventilations, as needed.
Circulation	Evaluate pulse rate, rhythm, and quality; observe skin color, temperature, and condition, and treat accordingly. Determine if bleeding is present and control if life threatening.
Transport decision	Rapid transport.

### History Taking

Investigate Chief Complaint	Investigate the chief complaint. Identify signs and symptoms and pertinent negatives. Ask pertinent SAMPLE and OPQRST questions. Be sure to ask when last sickle cell attack occurred. Has the patient been compliant with his or her medication regimen? Inquire about any recent illness, physical activity, and/or stress.
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### Secondary Assessment

Physical Examinations	Perform a full-body scan, assessing all regions. Assess respiratory, cardiovascular, neurologic, and musculoskeletal systems. Determine the Glasgow Coma Scale score.
Vital Signs	Take vital signs, noting skin color and temperature, as well as patient's level of consciousness.

### Reassessment

Interventions	Apply supplemental oxygen at 12 to 15 L/min via nonrebreathing mask.
Communication and Documentation	Contact medical control with a radio report, informing of the patient's condition. Relay any change in level of consciousness or difficulty breathing. Be sure to document any changes and the time when they occurred.