

NURSING 202 – ADVANCED CONCEPTS OF NURSING DIABETIC EMERGENCIES SLP

➤ Hypoglycemia

Causes:

Too little food, too much medication, loss of weight without med adjustment, etoh without food intake

Signs and Symptoms:

“cold and clammy give them candy”

Late signs- seizure, EKG changes

Treatment of acute hypoglycemic episode in an unconscious patient:

Assess airway

*Always follow institutional policy

Pharmacologically: Glucagon SQ/IM, Amp D50 IV

Treatment of acute hypoglycemic episode in a conscious patient:

Carbohydrates

*Always follow institutional policy

Pharmacologically: PO Glucagon

➤ Hyperglycemia – DKA: Increased BS (>250 mg/dl), ketones present (serum or urine), metabolic acidosis pH <7.3, Anion gap >12, Bicarb <15 mEq

Signs and Symptoms:

- Type I diabetics, therefore are not producing insulin, rapid onset
- Polydipsia, polyuria, polyphagia
- Kussmaul Respirations

Treatment of acute DKA:

A, B, Cs

Follow protocol for accucheck frequency

IVF

IV Insulin (Regular)- need more so than IVF

Once BS decreased and still on insulin drip, may need to add IV Dextrose

Stabilize electrolytes

“Close” anion gap to 12-15

Action/Effects of treatment:

Monitor K⁺ electrolyte

Need for telemetry

May cause EKG changes

Caution:

Goal is to decrease BS by 50 mg/dl/hr

➤ **Hyperglycemia - HHNK**

Cause / Pathophysiology of HHNK:

- Still producing some amounts of insulin, but not enough
 - o presents slowly due to some insulin still being produced
- Present with very high blood glucose without acidosis, no ketones (>600 mg/dl), pH >7.3, Bicarb >15 mEq
- Often mistaken for neuro event
- Common with Type II Diabetic
- Severely dehydrated- NEEDS FLUIDS!!! (typically about 8 liters!)

Treatment of HHNK:

- A, B, Cs
- Follow protocol for accucheck frequency
- IVF
- Once BS decreased and still on insulin drip, may need to add IV Dextrose
- Stabilize electrolytes