

Diabetic Emergencies and Altered Mental Status

<p>Diabetes</p>	
<p>Diabetes Mellitus</p> <p>The condition brought about by decreased insulin production, or the inability of the body cells to use insulin properly (which prevents the body's cells from taking the simple sugar called glucose from the bloodstream)</p>	
<p>Hyperglycemia</p> <p>Hyperglycemia (high blood sugar) is a slow-onset condition from decreased insulin levels in people with diabetes.</p>	
<p>Causes of Hyperglycemia</p> <ul style="list-style-type: none"> • Forgotten or insufficient insulin dose • Infection • Stress • Increased dietary intake 	
<p>Signs and Symptoms of Hyperglycemia</p> <ul style="list-style-type: none"> • Slow onset • Nausea/vomiting • Acetone odor on breath • Increased urination/hunger/thirst 	
<p>Hypoglycemia</p> <p>Hypoglycemia (low blood sugar) is a life-threatening emergency for people with diabetes.</p>	

<p>control?</p> <ul style="list-style-type: none"> • What did the patient do after seizure? • Length of episode? 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Emergency Care During Seizures</p> <ul style="list-style-type: none"> • Place patient on floor • Position patient on side • Loosen restrictive clothing • Remove harmful objects • Protect patient from injury; do not hold patient still or place anything in mouth 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Emergency Care of Seizures</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>After seizure subsides:</p> <ul style="list-style-type: none"> • Protect airway with positioning & suction • If cyanotic, ventilate with oxygen • Treat injuries • Transport 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Status Epilepticus</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>A life-threatening condition in which the patient has two or more convulsive seizures without regaining consciousness</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Emergency Care of Status Epilepticus</p> <ul style="list-style-type: none"> • Secure the airway • Ventilate with 100% oxygen • Request ALS • Transport immediately 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Stroke</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

<ul style="list-style-type: none"> • Death or injury of brain tissue that is deprived of oxygen • Caused by blockage (ischemic) or bleeding (hemorrhagic) of a blood vessel in the brain 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Signs & Symptoms of Stroke</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<ul style="list-style-type: none"> • Intoxicated appearance, slurred speech, unconsciousness • Severe headache, vision changes • One-sided weakness on body • Confusion • Loss of bladder/bowel control • Unequal pupils • High blood pressure 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Transient Ischemic Attach (TIA)</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<ul style="list-style-type: none"> • “Mini-stroke” • Signs and symptoms of a stroke • Often resolved before EMS arrival • Symptoms resolve without treatment in less than 24 hours • Significant risk of having a “full” stroke 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Treatment of Stroke</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<ul style="list-style-type: none"> • Prompt transport is critical • Identify potential stroke patients and notify the hospital • Maintain airway; administer oxygen 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Cincinnati Prehospital Stroke Scale</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<ul style="list-style-type: none"> • Have patient attempt to smile • Have patient attempt to hold arm straight in front of them for 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



EMS

Emergency Medical Services

<p>change at this point?</p> <ul style="list-style-type: none">• How will you get a SAMPLE history if the patient is alone?• What is the priority level of this patient?• Is there a need for ALS assistance?	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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