

M06.2 - DEXTROSE

MEDICATION STANDING ORDER

HIGH ALERT MEDICATION 1

Version date: 2023-12-13 Effective date: 2024-01-16 (0700)

INDICATIONS

- Confirmed hypoglycemia
- Suspected hypoglycemia in a known diabetic when a point-of-care blood glucose (POCG) measurement is not immediately available

CONTRAINDICATIONS

• Not applicable

ROUTE (WORK SCOPE)	INITIAL DOSE	REPEAT DOSE
INTRAVENOUS (PCP & ABOVE)	10 years & older - 5 ml/kg of 10% solution (max = 250 ml/dose)	Every 5 to 10 minutes as required until POCG returns to normal range ³
	72 hours up to 10 years - 5 ml/kg of 10% solution (max = 100 ml/dose)	
INTRAOSSEOUS (ICP & ABOVE)	10 years & older - 5 ml/kg of 10% solution (max = 250 ml/dose)	
	72 hours up to 10 years - 5 ml/kg of 10% solution (max = 100 ml/dose)	
ADULT ONLY WHEN LIMITED VOLUME IS REQUIRED	1 ml/kg of 50% solution (max = 50 ml/dose)	

NOTES

- 1. ERS HIGH-ALERT MEDICATION: Refer to Shared Health Provincial Clinical Standard Safety Controls for High-Alert Medications (refer to A03 HIGH ALERT MEDICATIONS).
- 2. <u>Do not use 50% concentration in infants or children</u>. A rapid increase in blood glucose can dramatically change serum osmolality and cause neurological injury, especially in infants and children.
- 3. Administer by slow push over 1 2 minutes.

4. Dextrose administration should be guided by blood glucose levels. If decreased LOC persists after one dose of dextrose and POCG measurement is still not available, paramedics may administer one additional empiric dose. Further dosing should be based on actual measurements.

APPROVED BY		
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VERSION CHANGES (refer to X08 for change tracking)

• Addition of Shared Health Provincial Clinical Standard for high-alert medications