Diabetic Emergencies and Altered Mental Status
Figure 21-1  Insulin is needed to help the cells take in glucose.
Figure 21-2  Look for indications that the patient may have a history of diabetes.
Figure 21-3 Some diabetics use an implanted insulin pump.
Figure 21-4  Many diabetics use home glucose meters to test their blood glucose levels.
Scan 21-1  Management of a Diabetic Emergency  
(1) Perform a primary assessment. Determine if the patient's mental status is altered.
Scan 21-1 (continued)  **Management of a Diabetic Emergency**  (2) Perform a secondary assessment and take the patient's vital signs. Be sure to find out if she has a history of diabetes. Observe for a medical identification device. If your protocols allow, check the patient's blood glucose level (see Chapter 12, “Vital Signs and Monitoring Devices”).
Scan 21-1 (continued) Management of a Diabetic Emergency  (3) If the patient has a history of diabetes, has an altered mental status, and is alert enough to swallow, prepare to administer oral glucose.
Scan 21-1 (continued)  Management of a Diabetic Emergency  (4) Assist the patient in accepting oral glucose.
Scan 21-1 (continued) Management of a Diabetic Emergency (5) Reassess the patient.
Scan 21-2  Oral Glucose
Figure 21-5  Protect the seizure patient from injury.
Figure 21-6  The Cincinnati Prehospital Stroke Scale.

**Facial Droop**
- Normal: Both sides of face move equally
- Abnormal: One side of face does not move at all

**Arm Drift**
- Normal: Both arms move equally or not at all
- Abnormal: One arm drifts compared to the other

**Speech**
- Normal: Patient uses correct words with no slurring
- Abnormal: Slurred or inappropriate words or mute
Scan 21-3  Cincinnati Prehospital Stroke Scale  (1) Assess for facial droop. The face of a stroke patient often has an abnormal drooped appearance on one side. © Edward T. Dickinson, MD
Scan 21-3 (continued)  Cincinnati Prehospital Stroke Scale  (2a) Assess for arm drift by asking the patient to close her eyes and extend her arms for 10 seconds. (A) A patient who has not suffered a stroke can usually hold her arms in an extended position with eyes closed. (B) A stroke patient will often display arm drift. That is, one arm will remain extended but the arm on the affected side will drift downward.
Scan 21-3 (continued)  Cincinnati Prehospital Stroke Scale  (2b) Assess for arm drift by asking the patient to close her eyes and extend her arms for 10 seconds.  (A) A patient who has not suffered a stroke can usually hold her arms in an extended position with eyes closed.  (B) A stroke patient will often display arm drift. That is, one arm will remain extended but the arm on the affected side will drift downward.
Scan 21-3 (continued)  Cincinnati Prehospital Stroke Scale  (3) Assess for speech difficulties. A stroke patient will often have slurred speech, use the wrong words, or be unable to speak at all.
Figure 21-7  Some infections, such as Lyme disease, may cause a temporary facial paralysis known as Bell's palsy.
Figure 21-8  Loss of consciousness with syncope is usually brief. The patient usually regains consciousness very soon after being allowed to lie flat.