

Diabetic Emergencies Case 1

A 22 y/o F presents in a park, supine on a beach towel, unconscious with snoring respirations. You also note copious secretions that are resulting in gurgling sounds from her airway. She responds to painful stimuli with incomprehensible sounds and decerebrate posturing. Her friends state that she suddenly started “acting weird” about 3 hours ago, then “laid down to take a nap” and has not risen since. When it was time to leave, her friends could not arouse her. Friends state that pt was very active all day “playing sports and stuff” but did not suffer any trauma and no drugs or alcohol were consumed. At no time did the pt c/o CP, dizz, N/V, weakness, diff brth, abd or back pain.

Physical Exam Findings:

- HEENT
 - Pupils dilated bilaterally, reactive to light.
 - Ø JVD, Ø tracheal deviation
 - Ø trauma noted
- Chest
 - Lung sounds clear/= bilaterally
 - Ø trauma noted
- Abdomen
 - Soft, nontender
 - Ø trauma noted
- Extremities
 - Sensory, motor, and circulation intact all extremities
 - Ø trauma noted
- Skin
 - Cool, pale, diaphoretic
 - Capillary refill 2 seconds

Vital Signs

- HR = 106/min, reg
- BP = 132/90 mmHg
- RR = 18/min GTV
- SpO₂ = 92% RA

PMH

Friends state she is a diabetic, unsure if T1 or T2

Medications

- Unk

Allergies

- Unk

Questions:

1. What is the patient's GCS? **1/2/2**
2. Is this patient most likely suffering from hypoglycemia or hyperglycemia? Use the history and clinical exam findings provided to argue your case.
 - **Most likely hypoglycemia for the following reasons:**
 - **Pt is a TI diabetic.**
 - **Pt has been very active, possibly using up her blood glucose.**
 - **Acute onset of symptoms is consistent with hypoglycemia.**
 - **hyperglycemia tends to occur over days.**
 - **Cool/Pale/Diaphoretic skin, tachycardia, and dilated pupils are the result of epi release, which occurs in hypoglycemia.**
3. Describe the physiologic mechanisms responsible for the patient's symptoms and clinical exam findings.
 - **Cool/Pale/Diaphoretic skin, tachycardia, and dilated pupils are the result of epi release, which occurs in hypoglycemia.**
 - **AMS and then altered level of consciousness (ALOC) from lack of sugar, brain needs sugar to function, reacts immediately to fluctuations in BGL's.**
 - **With ALOC, pt loses ability to protect airway, resulting in her inability to clear secretions and the gurgling from her airway.**
4. Is this patient in shock? If so, what category, and what stage?
 - **Nope, this is not shock. If students argue, ask them "OK, what category of shock?". There is no answer.**
 - **The students may inquire about "Insulin Shock". This term is often used to describe hypoglycemia, but it is not a true form of shock.**

5. List your management plan for this patient.
 - **Call for ALS.**
 - **Suction the airway.**
 - **Consider NPA, OPA will probably stimulate gag reflex.**
 - **O₂ via NC/NRM @ appropriate lpm flow.**
 - **Lateral recumbent position.**
 - **Rapid transport to ED**
6. Identify any medications that may benefit this patient.
 - **Oral glucose, but it is contraindicated because of pt's unresponsiveness and inability to protect her airway.**
7. Describe the mechanism of action of any medications that you would choose to administer, or could administer for this particular emergency if certain contraindications were not present. What specific effects will each medication have on the pathophysiology involved?
 - **Oral glucose would increase BGL's, allowing the brain to function normally.**
8. What specific effects will each medication have on the pathophysiology involved?
 - **Oral glucose would result in an immediate improvement of the patients LOC and mental status.**