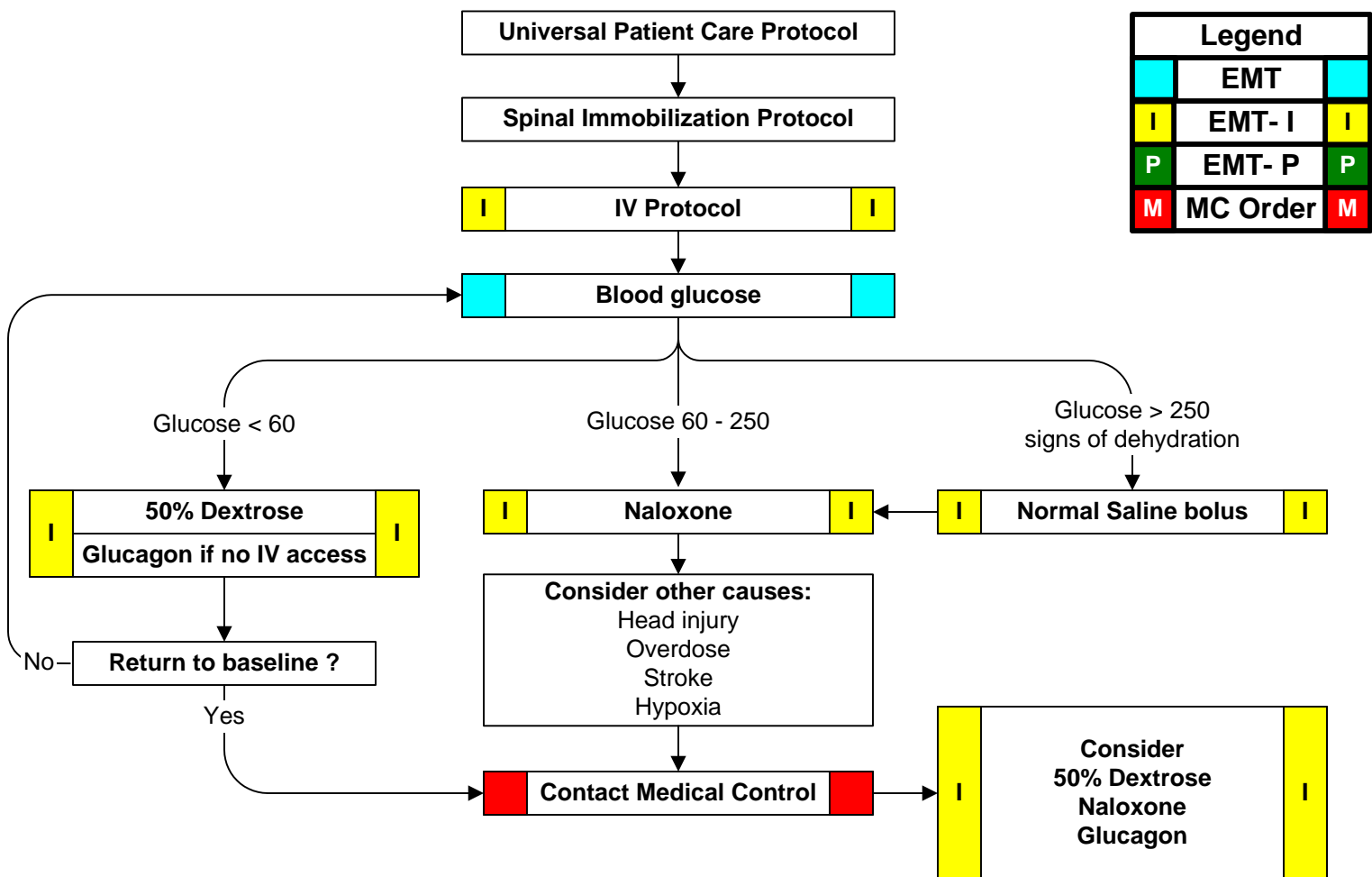


<b>History:</b> <ul style="list-style-type: none"> <li>• Known diabetic, medic alert tag</li> <li>• Drugs, drug paraphernalia</li> <li>• Report of illicit drug use or toxic ingestion</li> <li>• Past medical history</li> <li>• Medications</li> <li>• History of trauma</li> </ul>	<b>Signs/Symptoms:</b> <ul style="list-style-type: none"> <li>• Decreased mental status</li> <li>• Change in baseline mental status</li> <li>• Bizarre behavior</li> <li>• Hypoglycemia (cool, diaphoretic skin)</li> <li>• Hyperglycemia (warm, dry skin; fruity breath; Kussmaul resps; signs of dehydration)</li> </ul>	<b>Differential:</b> <ul style="list-style-type: none"> <li>• Head trauma</li> <li>• CNS (stroke, tumor, seizure, infection)</li> <li>• Cardiac (MI, CHF)</li> <li>• Infection</li> <li>• Thyroid (hyper / hypo)</li> <li>• Shock (septic, metabolic, traumatic)</li> <li>• Diabetes (hyper / hypoglycemia)</li> <li>• Toxicologic</li> <li>• Acidosis / Alkalosis</li> <li>• Environmental exposure</li> <li>• Pulmonary (Hypoxia)</li> <li>• Electrolyte abnormality</li> <li>• Psychiatric disorder</li> </ul>
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**Pearls:**

- Exam: Mental Status, HEENT, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro
- Be aware of AMS as presenting sign of an environmental toxin or Haz-Mat exposure and protect personal safety.
- It is safer to assume hypoglycemia than hyperglycemia if doubt exists.
- Do not let alcohol confuse the clinical picture. Alcoholics frequently develop hypoglycemia.
- Low glucose (< 60), normal glucose (60 - 120), high glucose (> 250).
- Consider Restraints if necessary for patient's and/or personnel's protection per the restraint procedure.