ATTENTION: Oakland County Hospital Pharmacies and EMS Providers

Purpose: The purpose of this protocol is to address the National shortage of Dextrose 50%. This protocol authorizes the substitution of the Dextrose 10% solution in place of Dextrose 50%. If available in prefilled syringe or vial, Dextrose 50% solution is the preferred form to be placed in Southeast Michigan Medication Boxes. If not available Dextrose 10% may be substituted. The substitution should include labeling on the medication box indicating the substitution has taken place. Dextrose 10% may be supplied as in 250 ml (25 gm), 500 ml (50gm) or 1000 ml (100 gm) bags. The larger volume bags may only be used if the smaller bags are not available.

Michigan and local MCA protocols that define an indication for Dextrose 50% are affected by this protocol. When the Dextrose 10% substitution has taken place Dextrose 10% should be administered according to the following procedure.

**Pre-Medical Control**

**PARAMEDIC**

1. Adult Patients
   A. If blood glucose is found to be less than 60 mg/dl or hypoglycemia is suspected:
      - Administer dextrose 10%, 5 gms (50 ml) IV/IO, may repeat to a total of 25 gms.

2. Pediatric Patients
   A. If blood glucose is found to be less than 60 mg/dl or hypoglycemia is suspected:
      - Administer dextrose 10%, 1 ml/kg IV/IO to a maximum of 50 ml per dose, may repeat to a total of 4 ml/kg or 25 gms.

**PLEASE CONTACT THE OCMCA FOR ANY QUESTIONS OR CONCERNS**