

## DEXTROSE 10% (D<sub>10</sub>W) EMSA FEBRUARY 2026

### ACTION: Glucose Replacement/~~Nutrient~~

- Elevates blood glucose levels

### INDICATIONS:

- Blood glucose levels <60 mg/dl or high index of suspicion of hypoglycemia

### CONTRAINDICATIONS:

- None ~~No major contraindications for administration.~~
- ~~Dextrose containing fluids should be used cautiously in patients with suspected increased intracranial pressure.~~

### POTENTIAL SIDE EFFECTS:

- Hyperglycemia
- Tissue necrosis if extravasation occurs

### ADULT DOSE/ROUTE:

⇒ ~~Up to~~ 25g of D<sub>10</sub>W = ~~Up to~~ 250ml IV or IO bolus. May repeat q5min for persistent hypoglycemia ~~on patient response~~ (max dose 50 grams)

### PEDIATRIC DOSE/ROUTE:

⇒ ~~Neonates < 1 month: D10W, 2 ml/kg IV/IO (0.2 g/kg). May repeat q5min based for persistent hypoglycemia~~

⇒ ~~Children > 1 month: D10W, 5 ml/kg IV/IO (0.5 g/kg max 25 grams). May repeat q5min based for persistent hypoglycemia~~

### NOTES:

- Make every attempt to obtain blood glucose level PRIOR to administration of dextrose
- Recheck blood glucose within 5-10 minutes after dextrose administration
- For patients with altered mental status due to hypoglycemia, the median time to improvement after administration is approximately 7 minutes.
- Use Buretrol for neonate and pediatric patients.
- Concentrated dextrose can have a sclerosing effect on veins. Make sure that IV sites are patent by aspirating blood before and during administration of dextrose. Use largest available vein.