

Treatment of hypoglycaemia in residential aged care

Indications: Blood glucose (BG) less than 6.0mmol/L OR below the resident's BG target range irrespective of symptoms (see Leecare Diabetes Management Plan or Resident's Care Plan).

Residents with diabetes: at risk of hypoglycaemia (e.g. prescribed insulin and/or sulfonylurea).

Safe to swallow (i.e. awake and co-operative)

Unconscious or unsafe to swallow

- Position resident on their side. If using an insulin pump disconnect immediately.
- Do not leave the resident. Request assistance and notify registered nurse.
- Registered nurse to **NOTIFY** doctor on call immediately (i.e. CODE BLUE). If no registered nurse or local doctor available, aged care staff to transfer resident to the emergency department OR call an ambulance.
- Registered nurse to give 1mg glucagon IM (as prescribed or as standing drug order, once only).
- Manage airway whilst facilitating transfer via ambulance.

GO TO B

If using insulin pump, only

disconnect if BG less than

2.0mmol/L.

When conscious and safe to swallow, GO TO B

Give 15gm of fast acting carbohydrate as per individual Hypoglycaemia Action Plan based on any special dietary requirements*

60mL GTT 75® glucose drink (75gm per 300mL) from the regional LHN 'Hypo Kit'.

GO TO C

- Repeat BG 10 15 minutes after treatment.
- If BG is less than 6.0mmol/L OR lower than individualised target OR person still has symptoms and is assessed as:
 - safe to swallow GO BACK TO B and repeat
 - if BG remains less than 6.0mmol/L after 30 minutes or 2 oral cycles, registered nurse in-charge to NOTIFY doctor on call immediately (i.e. CODE BLUE). If no registered nurse or local doctor available, transfer to emergency department OR call an ambulance.
 - if unsafe to swallow GO BACK TO A.
- When BG is above 6.0mmol/L AND symptoms are no longer present, give 15gm slow acting carbohydrate as per individual Hypoglycaemia Action Plan based on dietary requirements OR two (2) sweet biscuits from the regional LHN 'Hypo Kit'.
- Recheck BG in 30 minutes.

GO TO D



- If the Doctor was not notified, do so at appropriate time so diabetes treatment can be reviewed.
- Recommence insulin pump as per medical instructions (in type 1 diabetes, do not suspend/withhold insulin for more than 1 hour).
- Investigate cause of hypoglycaemia. Review carbohydrate intake. May need adjustment of insulin/diabetes medication.
- Continue to administer insulin as prescribed; withholding the next insulin dose may result in hyperglycaemia. Contact doctor for dose adjustment advice.
- Risk of recurrent hypoglycaemia undertake QID BG monitoring and include 0200 for first 24hrs.
- If BG remains above 6.0mmol/L after first 24hours, resume routine BG monitoring.

*Alternatives for individual or regional LHN Hypo Kit are dependent on resident's capacity to swallow and dietary requirements (e.g. texture-modified food, thickened fluids).

Fast acting carbohydrate

150mL fruit Juice OR 180mL regular (not diet) soft drink OR 6 - 7 jelly beans.

Slow acting carbohydrate

1 slice of bread OR 1 piece of fruit OR 100mL of puree fruit OR 6 Jatz crackers.

Important points - observe pulse and BP with event

- Ensure adequate carbohydrate with meals to replenish the liver alucose stores.
- ▲If hypoglycaemia event was severe (e.g. BG less than 2.0mmol/L, unconscious or resident is assessed as unsafe to swallow) or was prolonged (greater than 30 minutes), the resident should be transferred to the emergency department (via ambulance if required) for further assessment.
- Restock the individual or regional LHN Hypo Kit used discard all opened items.

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