

Author:

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Treatment of hypoglycaemia in the hospital and community setting

Indications: Blood glucose (BG) less than 4.0mmol/L irrespective of symptoms. Adults (including diabetes in pregnancy): on insulin and/or sulfonylurea as per protocol below. Paediatric: on insulin as per protocol below, consultation with paediatrician once stabilised.

A	Safe to swallow (i.e. awake and co-operative) If on intravenous (IV) insulin infusion, suspend immediately.	Unconscious or unsafe to swallow
		 Position person on their side. If on intravenous (IV) insulin infusion suspend immediately. If using an insulin pump – disconnect immediately.
		 Notify doctor on call immediately (i.e. CODE BLUE). If no local doctor available call MedSTAR on 137 827 or an ambulance.
		Adults – Give 1mg glucagon IM (as per regional LHN standing order, once only).
	If using insulin pump, only disconnect if BG less than 2.0mmol/L.	 If no response to glucagon within 10 minutes, the doctor may then order: 150 - 200mL IV / IO[#] 10% glucose (slow push over 15min), or with extreme caution, 20 - 30mL IV / IO[#] 50% glucose (slow push 3mL/min). Followed by 5% or 10% glucose infusion to maintain BG 5.0 - 10.0mmol/L.
		Child under 25kg Give 0.5mg glucagon IM (as per regional LHN standing order, once only).
		Infant/child/adolescent IV / IO [#] 10% glucose in 100ml, 2ml/kg over 2 minutes. Followed by 5% - 10% glucose infusion to maintain BG 5.0 - 10.0mmol/L.
		When conscious and safe to swallow GO TO B
	GO TO B	Commence maintenance IV glucose for prolonged hypoglycaemia and/or prevention of repeat episodes in persons of high risk.
P	Give 15gm of fast acting carbohydrate based on any special dietary requirements*	
	 For children, use 0.3gm of fast acting carbohydrate per kg of body weight, up to a maximum dose of OR 60ml GTT 75[®] glucose drink (75gm per 300ml) from the regional LHN 'Hypo Kit'. 	
	GO TO C	
С	 safe to swallow – GO I if BG remains less that immediately (i.e. COD or MEDSTAR. if unsafe to swallow – When BG is above 4.0mmol based on any special dietary 	 OR person still has symptoms and is assessed as:- BACK TO B and repeat n 4.0mmol/L after 45 minutes or 3 oral cycles, NOTIFY doctor on call E BLUE). If no registered nurse or local doctor available, call ambulance GO TO A. /L AND symptoms are no longer present, give 15gm slow acting carbohydrate requirements* OR two (2) sweet biscuits from the regional LHN 'Hypo Kit'.
С	 If BG is less than 4.0mmol/L safe to swallow – GO I if BG remains less that immediately (i.e. COD or MEDSTAR. if unsafe to swallow – I When BG is above 4.0mmol 	 OR person still has symptoms and is assessed as:- BACK TO B and repeat n 4.0mmol/L after 45 minutes or 3 oral cycles, NOTIFY doctor on call E BLUE). If no registered nurse or local doctor available, call ambulance GO TO A. /L AND symptoms are no longer present, give 15gm slow acting carbohydrate
D	 If BG is less than 4.0mmol/L safe to swallow – GO E if BG remains less that immediately (i.e. COD or MEDSTAR. if unsafe to swallow – E When BG is above 4.0mmol based on any special dietary Recheck BG in 30 mins. If BG remains above 4.0mmod based on any special dietary Recheck BG in 30 mins. If BG remains above 4.0mmod based on any special dietary Recheck BG in 30 mins. If BG remains above 4.0mmod based on any special dietary Recheck BG in 30 mins. If the doctor was not notified, Recommence insulin infusion of the suspend/withhold insuling Investigate cause of hypoglycaneed adjustment of insulin/dia Continue to administer insuliny 	OR person still has symptoms and is assessed as:- BACK TO B and repeat in 4.0mmol/L after 45 minutes or 3 oral cycles, NOTIFY doctor on call E BLUE). If no registered nurse or local doctor available, call ambulance GO TO A. /L AND symptoms are no longer present, give 15gm slow acting carbohydrate requirements* OR two (2) sweet biscuits from the regional LHN 'Hypo Kit'. GO TO D DI/L, resume QID BG monitoring and include 0200 for first 24hrs.▲ do so at appropriate time so diabetes treatment can be reviewed. ion/reconnect insulin pump as per medical instructions (in type 1 diabetes, lin for more than 1 hour). caemia and risk of recurrent hypoglycaemia. Review carbohydrate intake. May abetes medication. Iin as prescribed, withholding the next insulin dose may result in tor for dose adjustment advice. DI/L after first 24hous▲ BG monitoring frequency may be reduced.
person's ca modified fo Fast acti carbohydra	 If BG is less than 4.0mmol/L safe to swallow – GO E if BG remains less that immediately (i.e. COD or MEDSTAR. if unsafe to swallow – f When BG is above 4.0mmol based on any special dietary Recheck BG in 30 mins. If BG remains above 4.0mmod based on any special dietary Recheck BG in 30 mins. If the doctor was not notified, Recommence insulin infusion do not suspend/withhold insute the doctor was not notified, Continue to administer insute hyperglycaemia. Contact door of the doctor was above 4.0mmod for the doctor was above 4.0mmod in the doctor was not notified, Recommence insulin infusion do not suspend/withhold insute the doctor was not notified, Investigate cause of hypoglyca need adjustment of insulin/diate insute to administer insute hyperglycaemia. Contact door and the detary requirements (e.g. thickened fluids). Ing carbohydrate: 100ml GTT 50[®] glucose drate in 300ml) OR 90ml Lucozade (15gm equivale ing carbohydrate: two (2) plain Milk Coffee, January and the in the mater in the in the mater in the in the in the mater in the in the mater in the mater in the in	OR person still has symptoms and is assessed as:- BACK TO B and repeat in 4.0mmol/L after 45 minutes or 3 oral cycles, NOTIFY doctor on call E BLUE). If no registered nurse or local doctor available, call ambulance GO TO A. /L AND symptoms are no longer present, give 15gm slow acting carbohydrate requirements* OR two (2) sweet biscuits from the regional LHN 'Hypo Kit'. GO TO D D/L, resume QID BG monitoring and include 0200 for first 24hrs.▲ do so at appropriate time so diabetes treatment can be reviewed. ion/reconnect insulin pump as per medical instructions (in type 1 diabetes, lin for more than 1 hour). caemia and risk of recurrent hypoglycaemia. Review carbohydrate intake. May abetes medication. Iin as prescribed, withholding the next insulin dose may result in tor for dose adjustment advice. I/L after first 24hous▲ BG monitoring frequency may be reduced. Important points – observe pulse and BP with event • Ensure maintenance IV glucose and/or adequate carbohydrate with meals to replenish the twe glucose stores. • "IO should only be used by staff who are trained and have achieved clinical competency. • If hypo was severe (e.g. BG less than 2.0mmol/L, unconscious or assessed as unsafe to swellow) or rolonged (dreater than 45mins) the person should bare houry BG until

Next Reviewed:

01/10/2025