Indications: Blood glucose level (BGL) less than 4.0 mmol/L irrespective of symptoms

Adults (including diabetes in pregnancy): on insulin and/or a sulphonyurea as per protocol below.

Paediatric: on insulin as per protocol below. Consultation with paediatrician once patient is stabilised.

A Safe to swallow (ie awake and co-operative)

- If on intravenous (IV) insulin infusion, suspend immediately.
- If using insulin pump, only disconnect if BGL less than 2.0 mmol/L.

GO TO B

B Give 15gm of fast acting carbohydrate. For children, use 0.3gm of fast acting carbohydrate per kg of body weight, up to a maximum dose of 15gm.

Hypo Kit: 60ml Carbotest (75gm per 300ml) (See below for alternative options)*

GO TO C

C • Repeat BGL 10 - 15 minutes after treatment.
• If BGL is less than 4.0 mmol/L OR patient still has symptoms and is assessed as:-
  - safe to swallow – GO TO B
  - if BGL remains <4.0 mmol/L after 45 minutes or 3 oral cycles, NOTIFY DOCTOR.
  - if unsafe to swallow – GO TO A
• When BGL is 4.0 mmol/L or above AND symptoms are no longer present, give 15gm slow acting carbohydrate. Hypo Kit: 2 x sweet biscuit eg Arnotts 2 pack (See below for alternative options)*
• Recheck BGL in 30 mins.

GO TO D

D • If BGL remains above 4.0 mmol/L, resume QID BGL monitoring and include 0200 for first 24hrs.
• If the Doctor was not notified, do so at appropriate time so diabetes treatment can be reviewed.
  - Recommence insulin infusion/reconnect insulin pump as per medical instructions (in type 1 diabetes, do not suspend / withhold insulin for more than 1 hour).
• Investigate cause. 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 prescriber for advice.
• Beware of recurrent hypoglycaemia - resume QID BGL monitoring and include 0200 for first 24hrs.

*Alternatives for Hypo Kit

Fast acting carbohydrate
- 100ml Carbotest (50gm carbohydrate in 300ml) OR
- 90ml Lucozade (15gm equiv).

Slow acting carbohydrate
- 2 plain Milk Coffee, Arrowroot or similar OR
- 6 Jatz crackers.

Important points – observe pulse and BP with event
- Ensure maintenance IV glucose and/or adequate carbohydrate with meals to replenish the liver glucose stores.
- Intravenous route (IO) should only be used by staff who are trained and have achieved clinical competency.
- If hypo was severe (eg BGL less than 2.0 mmol/L, unconscious or assessed as unsafe to swallow) or prolonged (greater than 45mins) the patient should have hourly BGLs until medical review.
- Restock the Hypokit – discard all opened items.