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 patient stabilised.

Safe to swallow (ie awake and co-operative)

If on intravenous (IV) insulin infusion, suspend immediately.

If using insulin pump, only disconnect if BG less than 2.0mmol/L.

Unconscious or unsafe to swallow

- Position patient on their side. If on intravenous (IV) insulin infusion - suspend immediately. If using an insulin pump – disconnect immediately.
- Notify doctor on call immediately (ie CODE BLUE). If no local doctor available call MedSTAR.

Adults – Give 1mg glucagon IM (as per CHSA standing order, once only).

- If no response to glucagon within 10 minutes, the doctor may then order: 20 - 30ml IV / IO® 50% Glucose in 50ml (slow push - 3ml/min).
- Followed by 5 - 10% Glucose infusion to maintain BG 5.0 - 10.0mmol/L.

Child under 25kg

Give 0.5mg glucagon IM (as per CHSA 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

Commence maintenance IV glucose for prolonged hypoglycaemia and/or prevention of repeat episodes in high risk patients.

Give 15gm of fast acting carbohydrate.

Hypo Kit: 60ml GTT 75® glucose drink (75gm per 300ml) (See below for alternative options)*

GO TO C

- Repeat BG 10 - 15 minutes after treatment.
- If BG is less than 4.0mmol/L OR patient still has symptoms and is assessed as:-
  - safe to swallow – GO TO B
  - if BG remains <4.0mmol/L after 45 minutes or 3 oral cycles, NOTIFY DOCTOR.
  - if unsafe to swallow – GO TO A
- When BG is 4.0mmol/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 BG in 30 mins.

GO TO D

- If BG remains above 4.0mmol/L, resume QID BG monitoring and include 0200 for first 24hrs.▲
- If the Doctor was not notified, do so at appropriate time so diabetes treatment can be reviewed.
  - Recomment insulin infusion/reconnect insulin pump as per medical instructions
    (in type 1 diabetes, do not suspend / withhold insulin for more than 1 hour).
  - Continue to administer insulin as prescribed, withholding the next insulin dose may result in hyperglycaemia. Contact prescriber for dose adjustment advice.
- Beware of recurrent hypoglycaemia - resume QID BG monitoring and include 0200 for first 24hrs.▲

*Alternatives for Hypo Kit

Fast acting carbohydrate
- 100ml GTT 50® glucose drink (50gm carbohydrate in 300ml) OR
- 90ml Lucozade (15gm equivalent).

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 2.0mmol/L, unconscious or assessed as unsafe to swallow) or prolonged (greater than 45mins) the patient should have hourly BG until medical review.
- Restock the Hypo Kit – discard all opened items.

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