

Algorithm for the treatment of Hypoglycaemia in Diabetic Adults

Treat if blood glucose is less than 4mmols/L

With or without symptoms:

Sweating
Trembling
Feeling of hunger

Anxiety
Poor concentration
Palpitations

Tingling of lips
Pale
Vague/confused

Convulsions
Coma

MILD

Adults who are conscious, orientated and able to swallow

Give fast acting CHO either:
Glucojuice (preferred)
Cold sweet drink e.g. Fruit juice (150-200mls)
5 - 7 dextrose tablets

Test blood glucose after 10 - 15mins and if still less than 4mmols/L repeat cycle to a maximum of 3 times. If still hypo consider 1mg Glucagon IM* or 50ml/hr 20% IV glucose escalate as appropriate.

CBG above 4mmols/L, patient is conscious, orientated and able to swallow, give longer action carbohydrate either: cereal/biscuits/yogurt. For patients with coeliac disease, give suitable alternative gluten free carbohydrate snack. Or next meal if due.

DO NOT OMIT INSULIN INJECTION IF DUE GIVE AFTER THE MEAL – IF ON IV INSULIN RESTART

Re-check CBG in 30 - 60mins and record all treatment on the hypoglycaemia chart
Monitor CBGs regularly for the next 24 - 48 hrs

MODERATE

Patients conscious and able to swallow, but confused, disorientated or aggressive

IV insulin in situ STOP

If capable and cooperative, treat as for mild Hypoglycaemia.
If not capable and cooperative but can swallow give:
1.5 - 2 tubes of Glucose gel,
(squeezed into mouth between the teeth & gums)

SEVERE

Patients unconscious/aggressive/Nil by mouth (NBM) CBG less than 2.6mmols/L

Check ABCDE, STOP IV insulin escalate to Dr.
Secure IV access: If required
Administer:
75ml 20% glucose over 10-15mins (using braun pump set pump at 300mls/hr stopped after 15mins)
In the absence of IV access
Consider administering Glucagon IM*

Re-check CBG after 10 mins if CBG remains less than 4mmols/L repeat IV glucose or consider glucose infusion of 50ml/hr

Recheck CBG and medical review
RESTART IV INSULIN INFUSION ONCE CBG >4MMOLS/L

*Glucagon IM should only be administered once, and can take up to 15 minutes to take effect. In the absence of a prescriber, a PGD is in place for UHL Registered Nursing staff to administer. Patients given glucagon require a larger portion of long acting carbohydrate to replenish glycogen stores – double the amount.