

# Beebe Healthcare

## Patient Care Manual

Hypoglycemia Treatment	Date Issued: 10/13 (CPC)
Issued By: Diabetes Management  Approved By: Bonnie Cunningham, GCNS-BC, CWOCN, Director, Wound Care and Diabetes Management Steve Rhone, VP Patient Care	Revised: 12/14, 2/17
<input type="checkbox"/> Condition of Participation <input type="checkbox"/> Joint Commission Standard <input type="checkbox"/> Department Specific Regulation	Reviewed:

**PURPOSE:** To ensure safety of inpatients at risk for or experiencing hypoglycemia.

**SCOPE:** Nursing Departments including departments caring for inpatient and outpatients (BOSC, BEC, TCC)

### DEFINITIONS

- Hypoglycemia is any blood glucose less than 70 mg per dL.
- Critical hypoglycemia is any blood glucose less than or equal to 50mg per dL.

### POLICY

- On admission for any patient with history of diabetes, the nurse will assess for symptoms of hypoglycemia and/or history of hypoglycemic events.
- The hypoglycemia orders are prescribed within the hyperglycemia order set.
- Hypoglycemia treatment is implemented per orders prescribed.
- Provider will be notified following all hypoglycemic events.
- If greater than 30 minutes before next scheduled meal, a small snack (e.g ½ sandwich or crackers; and milk) will be provided.
- Document hypoglycemic event in the EMR completely, under the Capillary Blood Glucose Point of Care found in the adult assessment tab.

Cont., \*see next page\*

**PROCEDURE**

Nursing staff will determine treatment based on patient's glucose value, level of consciousness, and/or ability to eat and drink.

**If blood glucose is 50-69mg per dL:**

A. If patient is alert and able to eat or drink:

1. Give 15 grams of fast-acting carbohydrate as: 4 oz. fruit juice OR 1 carton 8oz. skim milk. DO NOT ADD SUGAR PACKETS OR OTHER ADDITIONAL FOODS FOR THESE WILL ALTER ABSORPTION OF A FAST ACTING CARBOHYDRATE
2. Recheck blood sugar within 15-30 minutes following treatment of food.
3. Repeat above until glucose is > 70 m per dL.
4. Notify provider to verify next dose of diabetes medication.
5. After glucose >70, Recheck glucose within 1 hour to ensure hypoglycemia has not returned.

B. In a patient who is NPO, has altered level of consciousness, tube fed, or unable to swallow and HAS IV access:

1. Administer 25ml (12.5g) Dextrose 50% solution IV push bolus over 2 minutes.
2. Repeat finger stick blood glucose in 15 minutes following treatment of Dextrose 50%.
3. Notify physician if glucose remains 70 or less to determine if IV Dextrose is needed and to verify the next dose of diabetic medication.
4. After glucose >70, Recheck glucose within 1 hour to ensure hypoglycemia has not returned.

C. In a patient who is NPO, has altered level of consciousness, tube fed, or unable to swallow with NO IV access:

1. Administer Glucagon 1mg per dL subcutaneously or intramuscularly.
2. Repeat finger stick blood glucose in 15 minutes following treatment of Glucagon.
3. Notify physician if glucose remains 70 or less to determine if IV Dextrose is needed and to verify the next dose of diabetic medication.
4. After glucose >70, Recheck glucose within 1 hour to ensure hypoglycemia has not returned.

Cont., \*see next page\*

**If blood glucose is less than 50 mg per dL:**

A. If patient is alert and able to eat or drink:

1. Give 30 grams of fast-acting carbohydrate as: two ( 4oz.) fruit juices OR 2 cartons (8oz.) skim milk. DO NOT ADD SUGAR PACKETS OR OTHER ADDITIONAL FOODS FOR THESE WILL ALTER ABSORPTION OF A FAST ACTING CARBOHYDRATE
2. Recheck blood sugar within 15-30 minutes following treatment of food.
3. Repeat above until glucose is > 70 m per dL.
4. Notify provider to verify next dose of diabetes medication.
5. After glucose >70, Recheck glucose within 1 hour to ensure hypoglycemia has not returned.

B. In a patient who is NPO, has altered level of consciousness, tube fed, or unable to swallow and HAS IV access:

1. Administer 50ml (25g) Dextrose 50% solution IV push bolus over 2 minutes.
2. Repeat finger stick blood glucose in 15 minutes following treatment of Dextrose 50%.
3. Notify physician if glucose remains 70 or less to determine if IV Dextrose is needed and to verify the next dose of diabetic medication.
4. After glucose >70, Recheck glucose within 1 hour to ensure hypoglycemia has not returned.

C. In a patient who is NPO, has altered level of consciousness, tube fed, or unable to swallow with **NO** IV access:

1. Administer Glucagon 1mg per dL subcutaneously or intramuscularly.
2. Repeat finger stick blood glucose in 15 minutes following treatment of Glucagon.
3. Notify physician if glucose remains 70 or less to determine if IV Dextrose is needed and to verify the next dose of diabetic medication.
4. After glucose >70, Recheck glucose within 1 hour to ensure hypoglycemia has not returned.

**REFERENCES**

American Diabetes Association, Glycemia targets. Section 5. In *Standards of Medical Care in Diabetes-2016*. Diabetes Care 2016;39 (Suppl. 1) S39-S46.

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