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Approved By: Executive VP & CNO	Revised: 4/18, 8/20
	Reviewed:

PROTOCOL: Hypoglycemia for Adults. **This includes all patients weighing greater than 40 kg/88lbs. If patient weight is <40kg/88lbs, see Pediatric hypoglycemia protocol**

This protocol is based on the American Diabetes Association’s Standards of Medical Care.

I. Assessment

Signs and symptoms of hypoglycemia could include any of the following:

Sweating	Facial pallor	Shakiness/Tremors
Increased appetite	Nausea	Dizziness
Sleepiness	Weakness	Rapid Heart Rate
Headache	Tingling around the mouth and tongue	Change in Level of Consciousness (ranging from confusion to coma)
Seizures	Hypoxia	Clammy Skin
Restless sleep	Irritability	Light-headedness

In any suspected hypoglycemia situation, obtain a STAT finger stick blood glucose (BG) level. If bedside BG <70 mg/dl, confirm by repeating bedside test immediately.

If change in level of consciousness is noted, or patient continues to decline call for the Medical Emergency Team [MET].

II. Treatment and Goals

- a. The goal is a blood glucose level between 70-120 mg/dl
- b. Continue to treat the patient until goal is reached
- c. Oral treatments with simple sugar carbohydrates [CHO] is the preferred initial treatment for most patients
 - i. Options for oral treatments include juice, regular pop, skim milk, glucose tablets, or glucose gel
- d. IV and IM treatments are available for patients unable to have oral intake

III. Notify physician

- a. Notify prescriber of initial BG level, treatments provided, and BG levels after treatments
- b. Clarify orders with prescriber if patient is taking any oral medications for diabetes or taking insulin

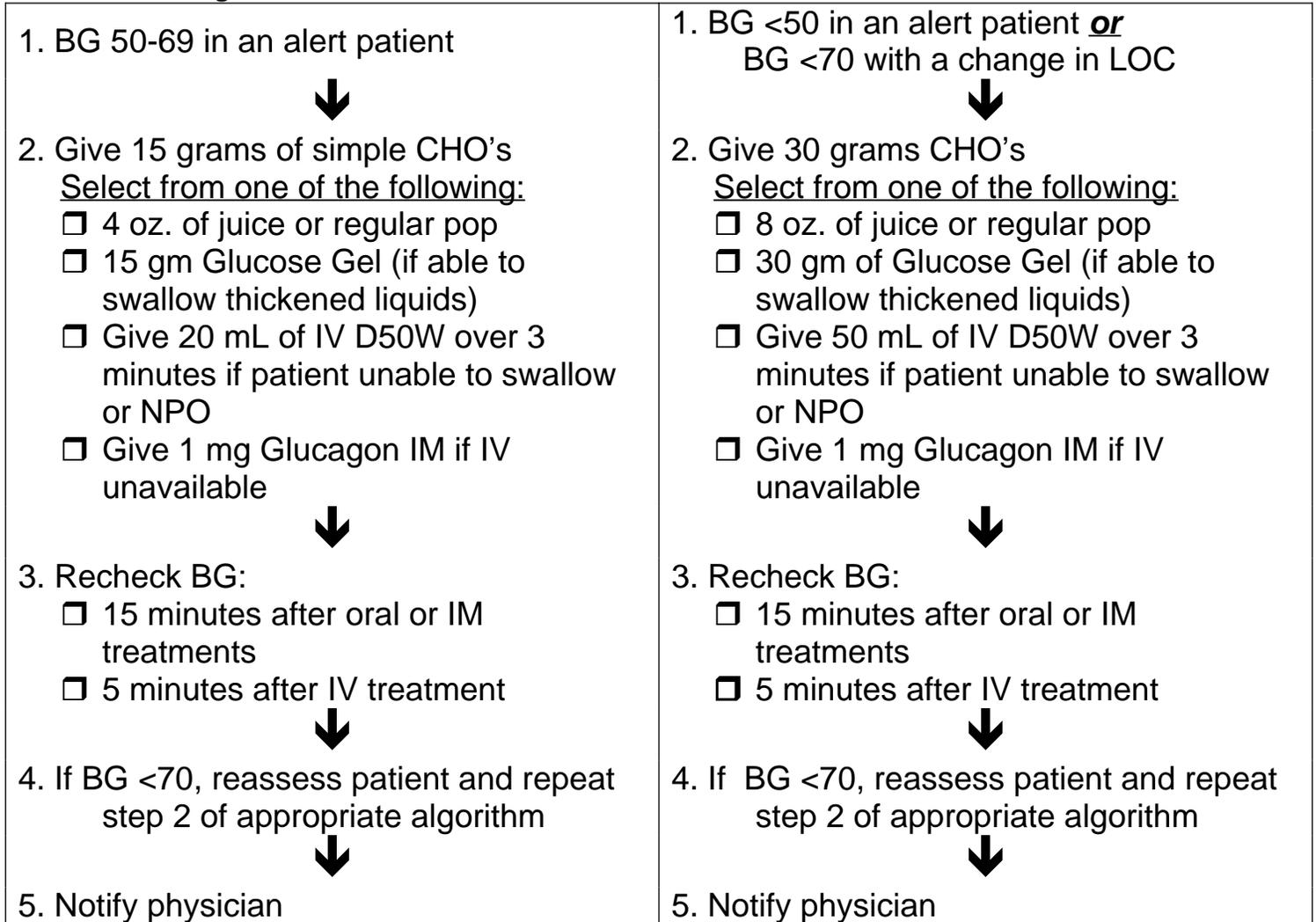
IV. Monitoring

- a. Continue to monitor BG levels every 15 minutes until goal BG is reached
- b. Check BG every 4 hours x24 hours or as specifically ordered
- c. If patient’s initial blood sugar was less than 50 mg/dl, check BG Q1 hour x4 hours, then every 4 hours x 24 hours, or as specifically ordered by physician

V. Documentation

- a. All blood glucose levels by glucometer and/or lab draw
- b. Treatments provided
- c. Patient response
- d. All communications with physician/prescriber

VI. Treatment Algorithms



Note: if administering IM glucagon, turn patient onto his/her side as vomiting may occur. IM glucagon administration should be followed as soon as possible by either oral carbohydrates or IV dextrose per physician orders. Recheck BG 15 minutes and 60 minutes after IM glucagon if no further treatments were given

Initial BG _____	Time _____	Treatment _____
BG after treatment # 1 _____	Time _____	Treatment _____
BG after treatment #2 _____	Time _____	Treatment _____
If BG <70 after 1 st or 2 nd treatment, notify physician		Name _____ Time _____

References