

WHAT TO DO WHEN YOUR ADULT PATIENT HAS LOW BLOOD SUGAR

Assess the adult:

Signs & Symptoms			
Neurogenic (Autonomic)		Neuroglycopenic	
Trembling	Hunger	Difficulty concentrating	Vision changes
Palpitations	Nausea	Confusion	Difficulty speaking
Sweating	Tingling	Weakness	Headache
Anxiety		Drowsiness	Dizziness
			Tiredness

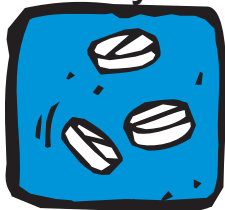
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Check blood glucose (BG): Stat with Blood Glucose meter

Mild - Moderate

Autonomic symptoms usually with 2.8 - 3.9 mmol blood glucose

1. Give 15 g carbohydrate (3 tablets)



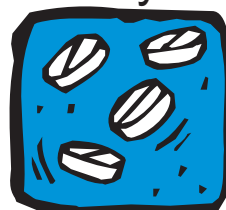
If the patient has medical issues (dysphagia, dentition issues) that prevent tolerance of glucose tablets, 1 tube of glucose gel (provides approx. 20 g of carbohydrate) can be administered **and** must be swallowed.

2. Repeat BG in 15 min.
3. Repeat steps 1 & 2 until BG greater than 4.0 mmol.
4. Give meal or snack
If next meal is more than 1 hr away, give a snack in the form of diabetes reaction food kit *
5. Inform physician
If patient has had 3 or more incidents of hypoglycemia during a hospital stay, physician must be informed verbally by telephone or in person.
6. Document incident of hypoglycemia

Severe Conscious

Autonomic & Neuroglycopenic symptoms with less than 2.8 mmol blood glucose

1. Give 20 g carbohydrate (4 tablets)



If the patient has medical issues (dysphagia, dentition issues) that prevent tolerance of glucose tablets, 1 tube of glucose gel (provides approx. 20 g of carbohydrate) can be administered **and** must be swallowed.

2. Repeat BG in 15 min.
3. Repeat steps 1 & 2 until BG greater than 4.0 mmol.
4. Give meal or snack
If next meal is more than 1 hr away, give a snack in the form of diabetes reaction food kit *
5. Physician must be informed verbally (telephone or in person)
6. Document incident of hypoglycemia

Severe Unconscious

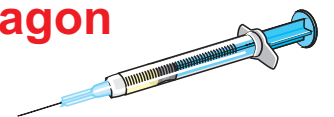
Autonomic & Neuroglycopenic symptoms with less than 2.8 mmol blood glucose

1. **IV glucose**, 25 g given as 50mL of D50W over 1-3 minutes



OR

- 1 mg glucagon S/C or IM



OR

call 911 if in community

2. Wait 10 minutes;
retest blood glucose and retreat with either the 25 g of IV glucose given as 50 ml of D50W or 1 mg glucagon if the blood glucose remains less than 4.0 mmol/L (maximum glucagon injections is 2).
3. As soon as possible, physician must be informed verbally (telephone or in person)
4. Document incident of hypoglycemia

* **Diabetes Reaction Food Kits** are available in the Nursing Medication Fridge - regular and dysphagia versions

Special considerations

Persons who are NPO:

Each person should be assessed on an individual basis.

Taking the glucose tablets or the glucose gel even with a small amount of water does not compromise the NPO status.

In patients who are NPO and have a Nasogastric tube, administer 1 tube of the glucose gel orally.

Pre-operative patients who are NPO should be treated either with the glucose tablets (no dysphagia) or the glucose gel (presence of dysphagia).

Physician Notification

Physician must be notified verbally (telephone or in person) for the following:

Incidents of severe hypoglycemia (symptoms and/or Blood Glucose less than 2.8 mmol/L)

Patient has had 3 or more incidents of hypoglycemia during a hospital stay