

STANDARD ORDERS FOR ADULT

Treatment for Hypoglycemia (Patients greater than 12 years of age)

NB: These orders are to be used as a guideline and do not replace sound clinical judgment and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

■ Indicates Standard orders. If not in agreement with an order, cross out and initial □ Requires a check for activation

<input type="checkbox"/> Mild to Moderate Hypoglycemia Blood Glucose 2.8 – 4 mmol/L	<input type="checkbox"/> Severe Hypoglycemia <i>(Patient is Conscious)</i> Blood Glucose Less than 2.8 mmol/L	<input type="checkbox"/> Severe Hypoglycemia <i>(Patient is Unconscious)</i> Blood Glucose Less than 2.8 mmol/L
<ul style="list-style-type: none"> ▪ Check Blood Glucose ▪ Treat with 15 grams Glucose gel <ul style="list-style-type: none"> - Or 4 x Glucose Tablets Alternatives to Glucose Tablets : <ul style="list-style-type: none"> - 150 mL juice or milk <li style="text-align: center;">OR - 15 mL honey ▪ For Patients who are NPO/Dysphagic <ul style="list-style-type: none"> - 150 mL juice via Feeding tube <li style="text-align: center;">OR - Establish IV of D5W1/2NS & Call prescriber ▪ Wait 15 minutes, then retest Blood Glucose ▪ Treat with another 15 g of glucose if Blood Glucose remains less than 4 mmol/L ▪ Wait 15 minutes, then retest Blood Glucose ▪ Once hypoglycemia is reversed with fast acting treatment give patient their regular meal or snack within 30 minutes to prevent repeated hypoglycemia. Snack should include 15 g carbohydrates (7 crackers or 1 slice bread) and a protein source (30 mL peanut butter or 30 g cheese) ▪ Document assessment on Progress Notes ▪ Search for precipitating cause of hypoglycemia ▪ Notify attending physician or OnCall before administering next dose of diabetic medication 	<ul style="list-style-type: none"> ▪ Check Blood Glucose ▪ If patient conscious treat with 20 grams Glucose gel: <ul style="list-style-type: none"> - Or 5 x Glucose Tablets Alternatives to Glucose Tablets: <ul style="list-style-type: none"> - 250 mL juice or milk <li style="text-align: center;">OR - 20 mL honey ▪ For Patients who are NPO/Dysphagic <ul style="list-style-type: none"> - 250 mL juice via feeding tube <li style="text-align: center;">OR - Establish IV of D10W & Call prescriber ▪ Wait 15 minutes, then retest Blood Glucose ▪ Retest Blood Glucose ▪ Treat with another 15 g of glucose if Blood Glucose remains less than 4mmol/L ▪ Wait 15 minutes, then retest Blood Glucose ▪ If Blood Glucose remains less than 4 mmol/L notify attending physician or On-Call physician ▪ If hypoglycemia is reversed with fast acting treatment give patient their regular meal or snack within 30 minutes to prevent repeated hypoglycemia. Snack should include 15 g Carbohydrates (7 crackers or 1 slice bread) and a protein source (30 mL peanut butter or 30 g cheese) ▪ Document assessment on Progress Notes ▪ Search for precipitating cause of hypoglycemia ▪ Notify attending physician or OnCall before administering next dose of diabetic medication 	<ul style="list-style-type: none"> ▪ Assess ABC (airway, breathing and circulation) and check medic alert if no breathing/pulse initiate CODE BLUE ▪ If patient has pulse and breathing – initiate CODE 25 ▪ Check Vital Signs including: BP, HR, RR, SpO2 + Bedside Glucose ▪ <u>If IV /IO access available –</u> <ul style="list-style-type: none"> <input type="checkbox"/> 25 g IV/IO glucose (50 mL of D50W) over 1 to 3 minutes ▪ Wait 10 minutes, then retest Blood Glucose <input type="checkbox"/> If blood glucose remains less than 4 mmol/L – repeat 25 g IV/IO glucose (50 mL of D50W) treatment ▪ <u>If No IV/IO access available –</u> ▪ Administer 1 mg Glucagon Subcut or IM ▪ Establish IV/IO access ▪ Wait 10 minutes, then retest Blood Glucose <input type="checkbox"/> If Blood Glucose remains less than 4 mmol/L –administer 25 g IV/IO glucose (50 mL of D50W) over 1 to 3 minutes. Do not repeat dose of glucagon and reassess ▪ If BG is greater than 4 mmol/L and patient regains consciousness treat as Severe Hypoglycemia (patient is conscious) <input type="checkbox"/> Establish IV/IO D5W at _____mL/hr for maintenance
<p>NOTE:</p> <ul style="list-style-type: none"> ▪ For renal patients Glucose tablets preferred treatment ▪ For patients taking Acarbose, Glucose tablets preferred treatment. If glucose tablets are not available – use 15 mL honey; or 150 mL juice or milk 		
<p>PRESCRIBER SIGNATURE:</p>		<p>Date / Time:</p>
<p>Faxed/sent to Pharmacy – Date / Time and Signature:</p>		

Source CDA 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada: Chapter 15 In –Hospital Management of Diabetes