

## Hypoglycemia Protocol for Dr. Biggs

### I. Objective / Purpose:

To promptly reverse hypoglycemia in a consistent and therapeutically appropriate manner. This protocol is designed and intended for use with our hospitalized patients only.

#### A. Definition:

1. For hospitalized patients, whose meal times and food intake may not be predictable, hypoglycemia is a blood glucose that is less than 60 mg/dl even in the absence of obvious signs and symptoms.

#### 2. Signs and Symptoms of Hypoglycemia:

- ❑ Shaky
- ❑ Sweaty
- ❑ Altered state of consciousness or personality change.
- ❑ Patient reports feeling hypoglycemic.

B. Always report to the attending physician or endocrinologist any hypoglycemic episodes.

C. Do not arbitrarily withhold the next dose of insulin.

### II. Procedure for Blood Glucose Less than 60 mg/dl

1. Do not withhold treatment for hypoglycemia while waiting for laboratory values or while awaiting response from the physician.
2. If the blood glucose result is less than 40 mg/dl, obtains a stat blood glucose from the laboratory, but do not delay treatment pending results.
3. All patients experiencing hypoglycemia should be closely monitored for the next 24 hours with blood glucose checks ordered by the physician.

### **A. Conscious hypoglycemic patient without IV access:**

1. Treat with 15 gm of simple CHO. (Choose one )
  - Three or four Glucose tablets (preferred choice.)
  - 3/4 cup (6oz) of fruit juice (no sugar added)
  - 3/4 cup (6oz) of non-diet soda (Coke, Pepsi, 7-Up, etc.)
  - 1 cup of skim milk.
2. Repeat the blood glucose (BG) in 20 minutes and document. Notify the treating endocrinologist.
3. If the glucose is less than 60 mg/dl after treatment.
  - Repeat 15 gm of simple carbohydrate.
  - Continue to perform blood glucose every 20 minutes and document results.
  - Continue to administer 15gm of simple carbohydrates every 20 minutes until the blood glucose is over 60 or until directed otherwise by the endocrinologist.

### **B. For all patients with IV access whether eating or NPO.**

1. Treat with D50. To determine the dose use this formula:

$$(100 - \text{BG}) \times 0.3 = \text{Number of ml of D50W to push.}$$

2. Notify the physician of the results.
3. Repeat the blood glucose 20 minutes after the treatment is provided and document results.
4. If the blood glucose is less than 60 mg/dl, repeat the D50 using the same dosing formula with the most recent glucose result.

### **C. Unconscious patients without IV access:**

- 1 Treat with 1mg of Glucagon (adult dosage) IM or SQ. Notify the physician.
- 2 Patients receiving Glucagon may experience nausea and vomiting. It is imperative to turn the patient on their side during treatment to avoid aspiration.
- 3 Establish IV access with saline lock and await further orders from the physician.
- 4 Repeat the blood glucose (BG) 20 minutes after the Glucagon dose to measure the drug's effectiveness and patient response to the medication.

### **III. Documentation:**

- A. Document the administration of glucose tablets, juice, Glucagon, and D50 in the Medication Record.
- B. Record in the nursing notes the signs and symptoms displayed, treatment administered, initial and subsequent glucose reading and notifications to the attending physician.