

SAMPLE HYPOGLYCEMIA CLINICAL ORDER SET

Adult

Addressograph

DEFINITIONS:

Mild hypoglycemia = autonomic symptoms (trembling, palpitations, sweating, anxiety, hunger, nausea, tingling) and person has the ability to self-treat; generally capillary blood glucose 3.4 – 3.9 mmol/L.

Moderate hypoglycemia = autonomic and neuro-glycopenic symptoms (difficulty concentrating, confusion, weakness, drowsiness, vision changes, difficulty speaking, headache, dizziness, tiredness) and person has the ability to self-treat; generally capillary blood glucose < 3.4 mmol/L.

Severe hypoglycemia = person requires the assistance of another person and may be unconscious; generally capillary blood glucose < 2.8 mmol/L.

TREATMENT:

Mild to moderate hypoglycemia:

15 grams of carbohydrate (CHO) as glucose or sucrose tablets. Customize (____ tablets) according to dextrose tablet stocked in hospital (**please preprint for your local institution to avoid prescriber needing to complete**).

Alternatives include 15 – 20 grams of glucose as glucose gel tube or 150 mL (2/3 cup) of juice or regular soft drink.

Retest capillary blood glucose in 15 minutes and repeat treatment if capillary blood glucose remains < 4.0 mmol/L.

For renal patients, glucose tablets are preferred.

Severe hypoglycemic (conscious):

20 grams of carbohydrate (CHO) as glucose or sucrose tablets. Customize (____ tablets) according to dextrose tablet stocked in hospital (**please preprint for your local institution to avoid prescriber needing to complete**).

Alternatives include 20 grams of glucose as glucose gel tube or 250 mL (1 cup) of juice or regular soft drink. Retest capillary blood glucose in 15 minutes and repeat treatment if capillary blood glucose remains < 4.0 mmol/L. For renal patients, glucose tablets are preferred.

Retest capillary blood glucose in 15 minutes and repeat treatment if capillary blood glucose remains < 4.0 mmol/L. For renal patients, glucose tablets are preferred.

Severe hypoglycemia (unconscious):

Call Code. If IV access available: 25 g IV glucose, given as 50 ml of D50W over 1 to 3 minutes. Repeat capillary blood glucose in 10 minutes and repeat IV glucose treatment if capillary blood glucose remains < 4.0 mmol/L. If no IV access available, give 1 mg glucagon SC or IM. Establish IV access. Repeat capillary blood glucose in 10 minutes and give IV glucose if capillary blood glucose remains < 4.0 mmol/L. A repeat dose of glucagon should not be given.

Once the hypoglycemia has been reversed with the fast-acting treatment described above, the person should eat their usual meal or snack to prevent repeated hypoglycemia. A snack including 15 grams CHO (4-6 crackers or 1 slice of bread) and a protein source (1 tbsp peanut butter or 1-2 oz cheese or meat) is recommended if a meal is more than one hour away. All cases of hypoglycemia should be documented. Repeated mild episodes or any severe hypoglycemic episode requires medical re-evaluation at the earliest possible opportunity.

Signature, Designation:

College License#:

Date:

Time: