

HYPOGLYCEMIA TREATMENT

Hypoglycemia Treatment Orders

GOAL – To identify and treat hypoglycemia defined as blood glucose (BG) < 70 mg/dL.

Hypoglycemia symptoms:

Diaphoresis	Cloudy vision	Pallor	Loss of fine motor skills
Circumoral tingling	Abnormal behavior	Hypotension	Seizures
Dizziness	Hunger	Blunted mental activity	Drowsiness
Anxiety	Tachycardia	Confusion	
LOC	Nausea/vomiting	Fatigue	
Tremors	Slurred speech	Headache	
Tingling in extremities	Numbness	Hyperventilation	

NURSING

- Hypoglycemia Instructions are clinical instructions containing step by step directions regarding the administration of enteral nutrition for treatment of hypoglycemia. See clinical instructions below:
 - For BG readings < 70 mg/dL; *Recheck* BG immediately. Using the second reading, follow the appropriate treatment orders, as applicable.
 - Notify provider of all hypoglycemic episodes (BG < 70 mg/dL) and pt's response to hypoglycemic treatment.
 - Check BG and give treatment Q 15 mins until BG ≥ 80 mg/dL, then recheck in 2 Hrs, re-notify provider if BG ≤ 80 mg/dL.
 - If pt taking Po DM med and/or long acting insulin and meal not available for 2 Hrs give 15 Gm CHO snack then recheck BG in 2 Hrs.
 - Give 4 OZ (120 mL) of juice/non diet soda Po Q 15 mins Prn BG = 60-69 mg/dL if pt is alert. Continue until BG ≥ 80 mg/dL.
 - Give 6 OZ (180 mL) of juice/non diet soda Po Q 15 mins Prn BG = 50-59 mg/dL if pt is alert. Continue until BG ≥ 80 mg/dL.
 - Give 8 OZ (240 mL) of juice/non diet soda Po Q 15 mins Prn BG < 50 mg/dL if pt is alert. Continue until BG ≥ 80 mg/dL.
 - May give juice, non diet soda, dissolved glucose Tabs, via enteral tube (if pt has an enteral tube)
 - Use Apple juice for renal transplant and renal failure pts.
- If BG < 70 mg/dL, RN to write a "HOLD" order for all insulin products **and** all oral diabetic meds using "secondary" as an order source. RN to notify provider of all medications on HOLD and get an order to resume insulin and/or oral diabetic medications from provider when applicable.

MEDICATIONS

Mild Hypoglycemia medications

- Glucose 4 Gm Tabs, give 16 Gm Po Q 15 mins Prn BG = 60-69 mg/dL if juice/non diet soda not available. Continue until BG ≥ 80 mg/dL. RN to contact pharmacy to enter NG order if Pt cannot take by mouth.
- Dextrose 50%, 25 mL IV Push Q 15 mins Prn BG = 60-69 mg/dL if Pt is NPO, not alert enough to take Po's, or markedly symptomatic for hypoglycemia. Continue until BG ≥ 80 mg/dL.

Moderate Hypoglycemia medications

- Glucose 4 Gm Tabs, give 20 Gm Po Q 15 mins Prn BG = 50-59 mg/dL if juice/non diet soda not available. Continue until BG ≥ 80 mg/dL. RN to contact pharmacy to enter NG order if Pt cannot take by mouth.
- Dextrose 50%, 25 mL IV Push Q 15 mins Prn BG = 50-59 mg/dL if Pt is NPO, not alert enough to take Po's, or markedly symptomatic for hypoglycemia. Continue until BG ≥ 80 mg/dL.

Severe Hypoglycemia medications

- Glucose 4 Gm Tabs, give 32 Gm Po Q 15 mins Prn BG < 50 mg/dL if juice/non diet soda not available. Continue until BG ≥ 80 mg/dL. RN to contact pharmacy to enter NG order if Pt cannot take by mouth.

- Dextrose 50%, 50 mL IV Push Q 15 mins Prn BG < 50 mg/dL if Pt is NPO, not alert enough to take Po's, or markedly symptomatic for hypoglycemia. Continue until BG \geq 80 mg/dL.
- Glucagon 1 mg IM Q 20 mins x 2 doses Prn BG < 50 mg/dL if Pt does not have IV access. Reconstitute with 1 mL of sterile water for injection to yield a 1 mg/mL solution. May give SubQ if unable to give IM.

Per SubQ Insulin Orders written on (date of original order): _____
RN's Signature: _____ Date: _____ Time: _____