

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 ≥ 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: _____