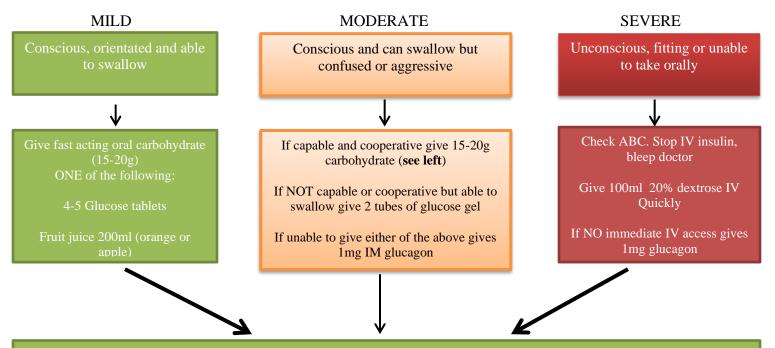


Hypoglycaemia - Summary Clinical Guideline

Reference No: CG-T/2023/168

Management of Hypoglycaemia in Adults with Diabetes Mellitus <u>HYPOGLYCAEMIA < 4MMOLS</u>

Initially assess consciousness to define severity



Check bedside blood glucose after 10-15 minutes-if still less than 4mmol/l repeat oral carbohydrate, Glucose Gel, or IV dextrose according to consciousness as above. Check again after 10-15minutes and repeat up to three times.

- When blood glucose 4mmol/L or above: Give 20g of long acting carbohydrate eg: two biscuits/slice of bread/200-300ml milk/next meal containing carbohydrate.
- For patients on enteral feeding tube: Give 20g quick acting carbohydrate via enteral feeding tube eg. 50-70ml Ensure Plus juice or fortijuce. Check glucose after 10-15mins.
- For patients NBM: Give 10% glucose infusion at 100ml/hr until no longer NBM or reviewed by doctor.
- DO NOT omit subsequent doses of insulin. Continue regular capillary blood glucose monitoring for 24-48 hours.
- Review insulin/oral hypoglycaemic medication doses.
- Refer to Diabetes team.
- Glucagon is NOT indicated in patients with liver failure or following prolonged starvation or recurrent hypoglycaemia. These patients are likely to have poor glycogen stores and will not respond to glucagon.
- **IN PATIENTS WITH RENAL/CARDIAC DISEASE, USE INTRAVENOUS FLUIDS WITH CAUTION. AVOID FRUIT JUICE IN RENAL FAILURE