

**DOCUMENTATION OF HYPOGLYCEMIA
TREATMENT PROTOCOL**

(file this form within the Progress Note Section of the Chart)



1588-01-U

IMPRINT PATIENT IDENTIFICATION HERE

General Information:

- Check fingerstick BG if patient experiences any symptoms of hypoglycemia including Pallor, Clammy Skin, Hunger, Restless Sleep, Fatigue, Headache, Confusion, Sweatiness and Irritability
- If bedside BG < 70, confirm by repeating bedside test immediately as per policy, and **Do Not Delay Hypoglycemia Treatment**
- If the patient is/was taking oral medication for diabetes in the sulfonylurea class (glipizide [Glucotrol®], glyburide [Glynase®, Micronase®, DiaBeta®]; glimepiride [Amaryl®], chlorpropramide [Diabinese®], tolazamide [Tolinase®]) **then hold the sulfonylurea, follow this algorithm, check BG every 4 hours X 24 hours and consider immediate Diabetes Consult (Pager #1082)**

Document low Blood Glucose (BG): _____ Date: _____ Time: _____ RN: _____

BG 50-69 in an ALERT patient	BG < 50 in an ALERT patient	BG < 70 in a patient with ↓ LEVEL OF CONSCIOUSNESS
1. Give one of the following (check the one given): <input type="checkbox"/> 4 oz Orange/Apple Juice <input type="checkbox"/> 3 Graham Crackers <input type="checkbox"/> 1 tube Glucose Gel (<i>if able to swallow thickened liquids</i>) <input type="checkbox"/> <i>if NPO or unable to swallow:</i> 20 ml D50 IV and start IV D5W at 100 mL/hour <input type="checkbox"/> <i>if unable to swallow AND no IV access:</i> glucagon 1mg IM* Time given: _____	1. Give one of the following (check the one given): <input type="checkbox"/> 8 oz milk (or Orange/Apple juice) and 3 Graham Crackers <input type="checkbox"/> 2 tubes Glucose Gel (<i>if able to swallow thickened liquids</i>) <input type="checkbox"/> <i>if NPO or unable to swallow:</i> 50 ml D50 IV (1 amp) and start IV D5W at 100 mL/hour <input type="checkbox"/> <i>if unable to swallow AND no IV access:</i> glucagon 1mg IM* Time given: _____	1. Give one of the following (check the one given): <input type="checkbox"/> 50 ml D50 IV (1 amp) and start IV D5W at 100 mL/hour <input type="checkbox"/> <i>if no IV access:</i> glucagon 1mg IM* Time given: _____ 2. If there is a change in level of consciousness from baseline, then call Condition C Time called: _____
2. Notify MD (verify IV solution, volume, rate, and duration, if applicable) Time: _____ MD notified: _____	2. Notify MD (verify IV solution, volume, rate, and duration, if applicable) Time: _____ MD notified: _____	3. Notify MD (verify IV solution, volume, rate, and duration, if applicable) Time: _____ MD notified: _____
3. Recheck BG in 15 min BG: _____	3. Recheck BG in 15 min BG: _____	4. Recheck BG in 15 min BG: _____
1. If BG <70 at 15 minutes, then re-treat & notify MD per algorithm Document Treatment Given: _____ 2. Document BG 15 minutes after second treatment BG: _____ Time: _____ RN: _____		
1. If still < 70 after second treatment, then re-treat & notify MD per algorithm Document Treatment Given: _____ 2. Consider Diabetes Consult (Pager #1082) 3. Document BG 15 minutes after third treatment BG: _____ Time: _____ RN: _____ 4. If still < 70 after third treatment, individual management is needed. Call Diabetes Consult Service (Pager #1082)		

* If glucagon is used, it should be followed as soon as possible by EITHER oral carbohydrates (if patient can subsequently eat) or by obtaining IV access and starting D5W as indicated in the box. Glucagon should not be repeated.