

# Hypoglycaemia Management in Adults

**Definition:**  
Capillary blood glucose (CBG) <4.0 mmol/L

Is the patient conscious and can they swallow?

Yes

Give quick-acting carbohydrate

- Recheck CBG in 10-15 minutes
- If CBG not increased to >4.0 mmol/L, repeat quick-acting carbohydrate
- If still hypo after 3 doses, consider treating as per unconscious patient
- If symptoms improve and CBG has increased, give long-acting carbohydrate

No

- IV access → give 150 mL 10% glucose IV
- No IV access → give 1 mg glucagon IM\*

- Recheck CBG in 10-15 minutes
- If CBG not increased to >4.0 mmol/L, repeat above step
- As patient improves and sufficiently awake to swallow, give long-acting carbohydrate

### Quick-acting carbohydrate:

- 5 teaspoons glucose power in water **OR**
- 2 cuplets apple juice **OR**
- Glucose tablets (give number of tablets equivalent to 20 g carbohydrate)

### Long-acting carbohydrate:

- Slice of bread
- 1 glass milk + 1 biscuit
- Main meal if due

**\*Glucagon will be ineffective in starved patients or those with liver disease. IV glucose is the treatment in these cases.**

### Following a hypoglycaemic episode:

- Once fully orientated and CBG is staying >5.0 mmol/L, return to previous regularity of BM monitoring
- Be aware that the patient may be susceptible to further episodes of hypoglycaemia
- If the episode is treated successfully give the next dose insulin / diabetes medication as normal
- If recurrent episodes of hypoglycaemia, refer to diabetes team or diabetes CNS
- Any patient with diabetic foot ulcer (admitted or discharged from ED) should have podiatry referral (form on Bamboo)