

## How to manage low blood glucose (hypoglycaemia) (For inpatients over 16 years old with Diabetes Mellitus)

**HYPOGLYCAEMIA** – diagnosed as blood glucose <4.0mmol/l + / - symptoms

All patients who are on insulin or a sulphonylurea (eg gliclazide, glibenclamide\*) should have Glucagon 1mg im prescribed on PRN section of main drug chart

### MILD / MODERATE

#### IF PATIENT AWARE AND CAN SWALLOW

**Give quick-acting carbohydrate,**

- 5 level teaspoons glucose powder in water
- OR**
- 2 cuplets of apple juices
- OR**
- Glucose tablets (give number of tablets equivalent to 20g carbohydrate).



**Monitor Blood Glucose at 10-15 minute intervals**

If glucose not increased and patient remains symptomatic, repeat quick-acting carbohydrate until BG>4 mmol/l. If still hypo after 3 successive doses of quick acting carbohydrate, call doctor. Verify capillary glucose result with venous blood



As symptoms improve and blood glucose has increased give long acting carbohydrate e.g. slice of bread or 1 glass milk+1 biscuit or main meal if due

### SEVERE

#### IF PATIENT UNCONSCIOUS OR UNRESPONSIVE



**Call Medical Emergency Team - 2222**



**If has intravenous (IV) access** (give into large vein)

**Start with 150mls of 10% glucose IV**  
(Repeat after 10 minutes if glucose still below 4 mmols/l)

**If no IV access - Give 1mg Glucagon IM\***



As symptoms improve and patient is sufficiently awake to swallow, give long acting carbohydrate as for mild / moderate hypoglycaemia. If conscious level remains impaired consider other cause, for example stroke

**Following a hypoglycaemic episode:**

- **\*Glucagon will be ineffective in patients with severe liver disease or starved patients. It may also be less effective in patients with sulphonylureas, and IV glucose should be treatment of choice in these clinical situations.**
- When patient is completely oriented and blood glucose is staying above 5.0mmol/l return to previous regularity of blood glucose monitoring. Be aware, the patient may be susceptible to further episodes of hypoglycaemia
- If IM glucagon was given double the amount of long acting carbohydrate
- If hypoglycaemia has occurred just before they are due their next dose of insulin or oral anti-hyperglycaemic medication, having treated the hypoglycaemia as above, **give** their prescribed diabetes medication
- **Unless otherwise instructed do not omit any current diabetes medication. Request review of medication by Diabetes Advice Team.**
- If patients are experiencing recurring episodes of 'hypos' please refer to the Diabetes Medical Team or contact the Diabetes Specialist Nurses

*Updated by Diabetes In-Patient Care Committee (DIPCC) November 2019; reviewed Dec 2021 Dr. Ali Chakera and Emma Purser*