

HYPOGLYCAEMIA (HYPO) ALGORITHM FOR ADULTS WITH DIABETES IN HOSPITAL

Treatment of a blood glucose less than 4 mmols/l

In the event of a Hypo treat **IMMEDIATELY** and give **ONE** of the following refined Carbohydrate.....**DEPENDING ON THE SEVERITY OF THE HYPO**

MILD HYPO

PT IS CONSCIOUS, ORIENTATED AND ABLE TO SWALLOW

Stop IV Insulin (if running) Give **ONE** 15-20g quick acting carbohydrate:
5-7 DEXTROSE tablets, i.e, Dextro-energy or 4-5 GLUCO tablets
1.5-2 tubes of GLUCOGEL or DEXTROGEL
25-35 mls of POLYCAL
4-5 heaped teaspoons of SUGAR dissolved in warm water

Recheck blood glucose after 10-15 mins
If blood glucose <4 REPEAT TREATMENT above up to 3 times. If ineffective fast bleep Dr and give 10% Dextrose at 150-200 mls over 15 mins OR 1mg Glucagon IM (once only) not if NBM, hepatic failure or malnourished

MODERATE HYPO

PT IS CONFUSED, UNCOOPERATIVE OR AGGRESSIVE BUT CONSCIOUS AND ABLE TO SWALLOW
CHECK ABCDE

Stop IV insulin (if running)
Give **ONE** 15-20g quick acting carbohydrate:

1.5-2 tubes of GLUCOGEL or DEXTROGEL
25-35 mls of POLYCAL
4-5 heaped teaspoons of SUGAR dissolved in warm water
Recheck blood glucose as per MILD HYPO



SEVERE HYPO

PT IS CONFUSED, AGGRESSIVE, NBM, UNCONCIOUS OR FITTING

CHECK ABCDE
STOP ANY IV INSULIN INFUSION
FAST BLEEP DR 3333

Give 1 mg GLUCAGON IM (Once only)
(Not for pts NBM, hepatic failure or malnourished)
OR GIVE
10% Dextrose -200 mls over 15 mins (If IV access)
OR
20% Dextrose – 100mls over 100mls
Repeat blood glucose after 10-15 mins, if blood glucose <4 give further 10% Dextrose as above up to 3 times, if NBM consider 10% Dextrose infusion at 100mls/hr

WHEN THE HYPO HAS RESOLVED-i.e BLOOD GLUCOSE 4 OR GREATER:

GIVE 20g LONG ACTING CARBOHDRATE (Not needed with an insulin pump) i.e. 2 biscuits OR 1 slice of bread/toast OR a small glass of milk (200-300 mls) OR a meal if due, containing carbohydrates
If Glucagon IM given offer 40 g long acting carbohydrate to replenish glucose stores
If on a VRIII (IV insulin infusion) prior to hypo, restart using the reduced rate when blood glucose 4 or above

Promptly inform the Diabetes Team if any moderate/severe hypos occur. DO NOT OMIT INSULIN, especially in Type 1 or long standing Type 2 diabetes and closely monitor blood glucose levels for up to 48hrs

SELF MANAGEMENT OF HYPOGLYCAEMIA

Other acceptable hypo treatments include;
150-200 mls of fruit juice (a carton) / sugary fizzy drinks i.e Coke/Lemonade
170-200 mls of ORIGINAL Lucozade (not diet)
3-4 large Jelly babies, i.e Bassetts
45-60 mls of Fresubin Jucy

ENTERAL FEEDS ONLY-IF BLOOD GLUCOSE <4 MMOLS/L

GIVE 45-60 MLS OF FRESUBIN JUCY OR 25-35 MLS OF POLYCAL LIQUID (NUTRICIA) OR 4-5 heaped teaspoons of SUGAR dissolved in warm water via the enteral feeding tube. If able to swallow, consider oral hypo treatments as above. On resolution of a hypo restart feed immediately, if due and refer to enteral feeding guidelines under Document library. If feed not restarted give 10% Dextrose at 100 mls/hr and refer to Diabetes Dr/DSN for urgent advice

INSULIN PUMPS

TREAT HYPOS AS ABOVE and consider removing insulin pump if hypo persists or if Pt is unable to self-manage insulin pump, then start a VRIII (insulin infusion) or a S/C insulin regime, with long/short acting insulin. See insulin pump full guidelines under Document library and contact Dr/DSN URGENTLY

Trust Guidelines



Guidance Title: Hypoglycaemia (Hypo) Algorithm for adults with Diabetes in hospital

Date	Version
March 2021	5.0

Accountabilities

Lead	Sarah O'Neill
Reviewed by (Group)	Diabetes MDT
Approved by (Lead)	Peter Kelly

Links to other documents

None

Version History

2	May 2014	Guideline updated
3	June 2017	Guideline updated
4	August 2019	Guideline updated
4.1	Nov 2019	Error corrected
5.0	March 2021	Guideline updated

Last Approval	Due for Review
March 2021	March 2024