

Treatment of Hypoglycaemia for adults with diabetes

CATEGORY:	Clinical Guidelines
CLASSIFICATION:	Clinical
PURPOSE:	<i>This guideline is for the management of hypoglycaemia in adults (age 16 years or older) With diabetes mellitus within the hospital setting.</i>
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Distribution: <ul style="list-style-type: none">• Essential Reading for: Information for:	<i>All healthcare professionals involved in the care of diabetes patients in hospital</i>

Treatment of Hypoglycaemia for adults with diabetes: Defined as Blood Glucose (BG) less than 4.0mmol/L with or without symptoms

Hypoglycaemia is a serious condition and should be treated as an emergency regardless of level of consciousness

For further details: [JBDS 01_HypoGuideline_March_2022.pdf \(abcd.care\)](#)

[Hypobag contents](#)

Mild

Patient conscious, orientated and able to swallow
Get Hypo Bag

Get Hypo Bag

Stop IV insulin (if running)

Give ONE quick acting carbohydrate option:

5-6 Dextrose tablets

60ml oral/NG/PEG glucose shot e.g. Lift®

Recheck BG after **15 minutes**

If BG still less than 4.0mmol/L repeat quick acting carbohydrate as above, recheck in 15 minutes

(Maximum of 3 cycles of treatment can be given before requiring IV glucose 10% - See 'Severe' pathway)

If BG ≤ 2.5mmol/L after 2 cycles: TREAT AS SEVERE

Moderate

Patient conscious, confused/disorientated or aggressive but able to swallow

Get Hypo Bag

Stop IV insulin (if running)

Give ONE quick acting carbohydrate option:

2 tubes of fasting acting dextrose gel 40%w/v

60ml oral/NG/PEG glucose shot e.g. Lift®

Glucagon 1mg IM injection

Recheck BG after **15 minutes**

If BG still less than 4.0mmol/L repeat quick acting carbohydrate as above, recheck in 15 minutes

(Maximum of 3 cycles of treatment can be given before requiring IV glucose 10% - See 'Severe' pathway)

If BG ≤ 2.5mmol/L after 2 cycles: TREAT AS SEVERE

Severe (MEDICAL EMERGENCY)

Patient unconscious/fitting, aggressive, nil by mouth (NBM)/unable to swallow or not responding to treatment

Get Hypo Bag

Check ABCDE, FAST BLEEP MEDIC.

Stop IV insulin (if running)

- Give 200ml 10% IV glucose over 15 minutes (using a large vein and flush adequately).
- Consider 100ml 20% glucose in cardiac/renal failure
- **Stay with patient** to ensure the correct dose of IV glucose is administered and monitor patient's condition until hypoglycaemia is resolved and BG is above 4.0mmol/L

GLUCAGON 1mg IM injection* (should only be used for the treatment of insulin induced severe hypoglycaemia if venous access cannot be established)

Recheck BG after 15 minutes. If BG less than 4.0mmol/L repeat above step (IV glucose not GLUCAGON)

If patient is on IV insulin, stop immediately. **Must** be reviewed or restarted once BG is above 4.0mmol/L, within 1 hour

When BG above 4.0mmol/L

If eating and drinking: give 20g long-acting starchy carbohydrate e.g. 1-2 slices bread or Fortisip® compact or 2 biscuits.

For patients on enteral feeds: restart feed or give ½ Fortisip® / Fortisip® compact via tube

If NBM or if 2 or more hypos in 24 hours – give 10% IV glucose infusion at 100ml/hour until specialist review

After IM GLUCAGON 1mg, 20g rapid acting carbohydrate and 40g of starchy carbohydrate (double the amounts above) will be required to prevent further hypoglycaemia

Please document all hypoglycaemia treatments, dose adjustments and referrals in the patient's notes

***Glucagon may take up to 15 minutes to work and may be ineffective in treating hypoglycaemia in undernourished patients, in severe liver disease, sulphonylurea induced hypoglycaemia and in recurrent hypoglycaemia**

All patients with severe/repeated episodes of hypoglycaemia on diabetes medication should be referred to the Diabetes Team. For patients without diabetes refer to Endocrine Team

Never omit long-acting insulin in patients with Type 1 diabetes

- **Do not omit subsequent doses of insulin, consider dose reduction.**
- **Continue BG monitoring before meals and before bed for 48 hours. Review insulin and/or oral hypoglycaemic doses. If on IV insulin when BG above 4mmol/L restart but review regime**