

HYPOGLYCEMIA

30 Second Review

Hypoglycemia

RN, LPN

DEF: A subnormal blood glucose level.

S/S: May observe diaphoresis, pallor, confusion, mood changes, poor coordination, decreasing LOC, convulsions.

RX: If glucose less than 60, patient conscious, give sugar or food
If unconscious give glucagon 1mg IM or SQ. Establish IV line.
If necessary, give 50cc's of 50% dextrose IV.
If no response, transport to ER. May repeat Glucagon 1mg IM or SQ while waiting for transport to arrive.

SKILL LEVEL: RN, LPN

DEFINITION: A subnormal capillary blood glucose (CBG) level.

DATA BASE:

Subjective:

1. Known history of diabetes.
2. Determine dosage and frequency of insulin therapy, oral hypoglycemics.
3. Determine food intake.
4. May complain of nervousness, weakness, faintness or headache.

Objective:

May observe the following:

- diaphoresis and pallor
- confusion, mood changes
- respirations normal or shallow
- blood pressure within normal limits
- may display tachycardia
- poor coordination
- may lose consciousness, convulse

Assessment: Hypoglycemic Reaction

Hypoglycemia

Plan:

If conscious and able to swallow:

- a. Capillary Blood Glucose (CBG).
- b. Give fruit juice, peanut butter crackers, or any suitable available food if finger stick is less than 60 (at the nurse's discretion, give food if finger stick is under 100, based on history and patient condition).
- c. Observe patient for up to thirty minutes and recheck blood glucose.
 - if patient stabilizes may release.
 - if condition questionable or symptoms persist, call practitioner.
- d. If pattern of frequent hypoglycemia, refer patient for chart review or visit.

If stuporous or in seizure activity:

- a. Administer Glucagon 1mg STAT IM or SQ. Maintain airway and safety precautions. Blood sugar STAT via finger stick. Establish IV access.
- b. If Glucagon given, follow this with oral food or sugar if conscious and/or 50 cc IV 50% dextrose, if still stuporous.
- c. Prepare to transfer to hospital ER if no response to the above treatment unless otherwise instructed by on-site practitioner.
- d. Contact practitioner if not onsite (do not delay transport).
- e. May repeat Glucagon in 10 minutes if blood sugar remains low and no patient response.
- f. If suspect significant overdose of oral hypoglycemics or insulin see Poison/Overdose protocol.
- g. If patient responds to glucagon, observe for 30 minutes, and if patient is alert and medically stable, may go to general population, but refer patient to practitioner at next available time, especially if there is a pattern of frequent hypoglycemia.

Patient Education:

1. Nutrition: In fasting hypoglycemia, emphasize the importance of not withholding food for longer than 8 hours. If client has had recent gastrointestinal surgery, emphasize the need to decrease the size of each meal and increase the number of meals per day.
2. Disease course and expected outcome: In the absence of an underlying disease process, nutritional modification is usually all that is needed to relieve and prevent symptoms.

Hypoglycemia

Nursing Education:

1. When in doubt, it is always safer to give food if patient is symptomatic rather than risk nervous system damage from hypoglycemia.
2. Rapid drops in Capillary Blood Glucose can result in hypoglycemic symptoms at higher levels than expected. Patient may have genuine symptoms of hypoglycemia even with a CBG of 100 or higher.
3. After CBG has returned to over 70, would generally give patient the usual ordered Insulin dose, as long as a meal will be available, and follow-up on CBG is readily available. When in doubt, contact the medical provider.

APPROVED:

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Date

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2/24/2015

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Date

Effective Date: 3/2015
Revised: February 2015