

Hypoglycaemia

In a diabetic patient, hypoglycaemia is defined by the presence of adrenergic and/or neuroglycopenic symptoms, supported by a venous plasma glucose of less than 3.5 mmol/l **NOT** bedside blood glucose levels of < 4mmol/l in the absence of such symptoms.

Management if patient can swallow and diagnosis is confirmed

- Give 50 ml Lucozade **OR** 3 glucose tablets **OR** 200 ml ordinary (not diet) lemonade, **OR** hypostop if available
- On recovery find out why this has happened

Management if patient is unconscious, and diagnosis is confirmed

- Put patient in recovery position and alert medical staff
- Do not give oral glucose.
- Give Glucagen 1mg by sc or im or iv injection
- When patient able to swallow, follow protocol from 'If patient can swallow'.

Please note:

- Hypoglycaemia induced by long-acting sulphonylureas may be prolonged and require monitoring and dextrose infusion for up to five days.
- In chronic alcoholics give iv thiamine/pabrinex with or before iv dextrose to avoid precipitating neurological damage.
- High blood sugars often follow hypos due to the counter-regulatory hormone response and as a result of the extra glucose given. No action is usually required.
- Hypoglycaemia often occurs just before meals and just before the next injection of insulin is due. Do not omit or delay the insulin that is due to be given, but do treat the hypo and ensure that the patient takes enough carbohydrate subsequently.

Following recovery from a hypoglycaemic episode in a known diabetic :

- Consider why it has happened and actively manage with patient education eg missed or delayed meal or snack, insufficient carbohydrate at meal or snack, increased exercise, alcohol or dosage error.
- If hypoglycaemia is unexplained, reduce the dose of the relevant insulin and/or stop OHA with guidance from hospital diabetes team.