

# Algorithm for the treatment of Hypoglycaemia in Diabetic Adults

Treat if blood glucose is less than 4mmols/L

With or without symptoms:

Sweating  
Trembling  
Feeling of hunger

Anxiety  
Poor concentration  
Palpitations

Tingling of lips  
Pale  
Vague/confused

Convulsions  
Coma

## MILD

Adults who are conscious, orientated and able to swallow

Give fast acting CHO either:  
Glucojuice (preferred)  
Cold sweet drink e.g. Fruit juice (150-200mls)  
5 - 7 dextrose tablets

Test blood glucose after 10 - 15mins and if still less than 4mmols/L repeat cycle to a maximum of 3 times. If still hypo consider 1mg Glucagon IM\* or 50ml/hr 20% IV glucose escalate as appropriate.

CBG above 4mmols/L, patient is conscious, orientated and able to swallow, give longer action carbohydrate either: cereal/biscuits/yogurt. For patients with coeliac disease, give suitable alternative gluten free carbohydrate snack. Or next meal if due.

**DO NOT OMIT INSULIN INJECTION IF DUE GIVE AFTER THE MEAL – IF ON IV INSULIN RESTART**

Re-check CBG in 30 - 60mins and record all treatment on the hypoglycaemia chart  
Monitor CBGs regularly for the next 24 - 48 hrs

## MODERATE

Patients conscious and able to swallow, but confused, disorientated or aggressive

**IV insulin in situ STOP**

If capable and cooperative, treat as for mild Hypoglycaemia.  
If not capable and cooperative but can swallow give:  
1.5 - 2 tubes of Glucose gel,  
(squeezed into mouth between the teeth & gums)

## SEVERE

Patients unconscious/aggressive/Nil by mouth (NBM) CBG less than 2.6mmols/L

Check ABCDE, STOP IV insulin escalate to Dr.  
Secure IV access: If required  
Administer:  
75ml 20% glucose over 10-15mins (using braun pump set pump at 300mls/hr stopped after 15mins)  
In the absence of IV access  
Consider administering Glucagon IM\*

Re-check CBG after 10 mins if CBG remains less than 4mmols/L repeat IV glucose or consider glucose infusion of 50ml/hr

Recheck CBG and medical review  
**RESTART IV INSULIN INFUSION ONCE CBG >4MMOLS/L**

\*Glucagon IM should only be administered once, and can take up to 15 minutes to take effect. In the absence of a prescriber, a PGD is in place for UHL Registered Nursing staff to administer. Patients given glucagon require a larger portion of long acting carbohydrate to replenish glycogen stores – double the amount.