

Hypoglycaemia CAP

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Name:

NHS:

Initial Assessment & Treatment

Date

Time

This ambulatory pathway is to be used for patients with a hypoglycaemic attack. Patients can be added to the pathway prior to or during admission. It does not replace the medical notes for the patient episode.

Capillary blood glucose on presentation:

CBG now:

Exclusion criteria (exclude if any)	Exclusion criteria (relative)	Tick
>2 hypoglycaemic attacks in last week	Alone at home consider admission to CD Ward	
Untreated underlying cause		
Patient taking long-acting sulphonylurea	Not known to be diabetic	

Initial Investigations

Ensure that FBC, UE and laboratory glucose are sent and reviewed.

Treatment

Use the treatment flow-chart on the following page.

Monitoring

Monitor patients for 90 minutes, checking CBG, BP, Pulse and patient's condition every 30 minutes.

Time (minutes)	Capillary blood glucose (CBG)	Patient well (Y/N)	BP	Pulse
0				
30				
60				
90				

Discharge decision

Patient can be discharged if all are met:	Tick
Patient eating and drinking well	
Patient has fully recovered after treatment	
Patient has a good understanding of management	
Cause has been identified and addressed	
Lead Clinician agrees to discharge if relative exclusions	

Communication/Follow-up

1. Create EDS or other discharge note and send to GP with copy to patient and copy to DM nurses
2. Refer patient to the Diabetic Nurse in the GP practice or consider referral to Specialist
3. Provide the patient with an information leaflet/patient passport and copy of the EDS
4. File this paperwork in the patients notes

RAC doctor/GP responsible for patient:

I confirm that I have followed the patient pathway above and completed the steps required

Signed:

Grade:

Contact details:

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Treatment protocol

Treatment should follow the protocol below which can be found in all SaSH hypoboxes.

HYPO BOX: TREATMENT OF HYPOGLYCAEMIA – IN PATIENT CARE			
Hypoglycaemia is a blood glucose of 4 mmol/L or less. Wherever possible, check blood glucose level prior to treatment. If patient asymptomatic, repeat test.			
4mmol/L	3mmol/L	2mmol/L	1mmol/L
MILD Patient conscious and able to swallow Trembling, sweating, hungry, tingling, headache, anxiety, palpitations, nausea, forgetfulness	MODERATE Patient conscious and able to swallow, but in need of assistance Difficulty concentrating, confusion, weakness, giddiness, drowsiness, unsteady, headache, dizziness, difficulty focusing and speaking	SEVERE Patient unconscious and unable to swallow. Unconscious, fitting	
STEP 1			
Administer 10g – 20g fast acting glucose* 3-5 x GlucoTabs (4g glucose per tablet) 1 x 59ml bottle of Glucose Liquid Blast	Administer 1-2 tubes of GlucoGel** (10g glucose per tube) Ensure gag reflex is present.	Check airways. Place patient in recovery position Intramuscular injection of Glucagon 1mg. (Children weighing less than 25kg – 500 micrograms)*	
STEP 2			
Wait 15 minutes and recheck glucose levels, and record. If reading is still below 4 mmol/L, or if no physical improvement, repeat STEP 1		Once patient is conscious, give sips of Glucose Liquid Blast or Lucozade Recheck glucose level every 15 minutes to ensure increase to at least 4 mmol/L	
ALWAYS FOLLOW UP WITH A SLOWLY DIGESTED/ STARCHY CARBOHYDRATE Check glucose level. Once it is at 4 mmol/L or over and patient is recovered, eat a minimum of 15g slowly digested/starchy carbohydrate. Eg: 1 x slice/sandwich of low GI bread (ideally multigrain or granary); two digestive biscuits, glass of milk, banana, small carton of fruit juice. Recheck glucose levels after 15 minutes. NOTE: Insulin should NEVER be omitted following an episode of hypoglycaemia.			
<small>* British National Formulary, 2007 ** Type 1 Diabetes: Diagnosis and Management of Type 1 Diabetes in children, young people and adults. NICE Clinical Guideline No. 15, July 2004.</small>			

Further advice

Take medical history and perform examination. You should establish if the patient is a known diabetic. Hypoglycaemia can be **explained** by factors such as decreased oral intake, excess sulphonylurea/ insulin administration or intercurrent illness (infection, MI, renal failure, hypoadrenalism).

- **Sulphonylurea:** decrease dose by 25-50% and advise patients to have doses reviewed in 24-48 hrs. If on long acting sulphonylurea medications (eg glibenclamide) consider changing to short acting (eg gliclazide).
- **Insulin:** decrease doses by 2-4 units each and advise to have dose reviewed in next 24-48 hours (by GP/ diabetic specialist nurse/ diabetic doctor).

In **un-explained** hypoglycaemia consider sending serum save for insulin and c-peptide on hypoglycaemic sample of blood (pre-treatment).