

General

Adult Hypoglycemia Standing Orders

Adult Hypoglycemia Standing Orders (Selection Required)

[X] HYPOglycemia management - Monitor patient for signs and symptoms of HYPOglycemia and follow standing orders

Routine, Per unit protocol
HYPOglycemia is defined as glucose LESS than 70 mg/dL

If INITIAL bedside glucose is LESS than or equal to 40 mg/dL:
Send serum glucose level STAT.
Initiate treatment immediately after lab draw. DO NOT delay treatment waiting for lab result.
If patient has IV access, give 50% Dextrose, 25gm, (50 mL) intravenous push, ONCE.
If patient does not have IV access, give Glucagon 1mg intramuscularly ONCE.
Notify provider of hypoglycemia and treatment given. DO NOT give further insulin or any oral HYPOglycemia agent until ordered by a prescriber.
Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg/dL.

If INITIAL bedside glucose is between 41-69 mg/dL:
Give 4oz (120mL) of juice, if patient is able to swallow and is NOT NPO.
If patient is NPO or unable to swallow, DO NOT give juice.
If patient has IV access give 50% Dextrose, 12.5gm, (25 ml) IV push, ONCE.
If patient NPO or unable to safely swallow and without IV access, give Glucagon 1mg intramuscularly ONCE.
Notify provider of hypoglycemia and treatment given.
DO NOT give further insulin or any oral HYPOglycemic agent until ordered by a prescriber.
Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg/dL

If SECOND bedside glucose is LESS than 70 mg/dL:
Send serum glucose level STAT.
Initiate treatment immediately after lab draw. DO NOT delay treatment waiting for lab result.
If patient has IV access, give 50% Dextrose, 25gm, (50 mL) intravenous push, ONCE.
If patient does NOT have IV access, give Glucagon 1mg intramuscularly ONCE.
Notify provider of hypoglycemia and treatment given.
Recheck bedside glucose every 20 minutes after treatment is given until glucose is GREATER than 100 mg/dL.

If SECOND bedside glucose is between 70-100 mg/dL:
Notify provider of hypoglycemia.
Recheck bedside glucose every 20 minutes until glucose is GREATER than 100 mg/dL.

If THIRD bedside glucose is LESS than 70 mg/dL:
Initiate IV therapy to run 10% dextrose infusion (500ml) at 40 ml/hr.
Notify Provider. Consider transferring patient to ICU.
Check bedside glucose every 1 hour while on 10% dextrose infusion.
Titrate infusion by 10 ml/hr to keep glucose between 100 and 140 mg/dL.
Notify provider when ANY / ALL of the following occur:
o 10% dextrose infusion is started
o If glucose is LESS than 70 mg/dL while on 10% dextrose infusion
o When 10% dextrose infusion rate is increased to GREATER than 100 ml/hr

If THIRD bedside glucose is between 70-100 mg/dL:
Notify provider of the hypoglycemia.
Recheck bedside glucose every 20 minutes until glucose is GREATER than 100 mg/dL.

CLICK REFERENCE LINKS TO OPEN ALGORITHM AND ORDERS

[X] dextrose 50% intravenous syringe	12.5 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is between 41-69 mg/dL Give ½ cup juice if patient is able or 50% dextrose 12.5 g (25 mL) IV push ONCE. Contact the provider and recheck blood glucose in 20 minutes. DO NOT give further insulin until ordered by a provider
[X] dextrose 50% intravenous syringe	25 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is 40 mg/dL or LESS Give 50% dextrose 25 g (50 mL) IV push ONCE, contact the provider and recheck in 20 minutes. DO NOT give further insulin until ordered by a provider
[X] glucagon injection	1 mg, intramuscular, every 15 min PRN, low blood sugar, if patient NPO, unable to swallow safely with no IV access. If glucose remains LESS than 70 mg/dL, after 2 doses of D50 or Glucagon, send serum glucose level STAT. Initiate treatment immediately after lab drawn. Do NOT delay treatment waiting for lab result. Recheck blood sugar every 20 min until greater than 100 mg/dL. Notify Provider.
[X] dextrose 10 % infusion	40 mL/hr, intravenous, continuous PRN, other, For bedside glucose LESS than 70 mg/dL Notify Provider, consider transfer to ICU. Check Glucose every hour while on D10 infusion. Titrate infusion by 10 mL per hour to keep glucose between 100 and 140 mg/dL. Notify provider when ANY/ALL of the following occur: -Dextrose 10% infusion is started -If glucose is less than 70 mg/dL while on dextrose 10% infusion -When dextrose 10% infusion rate is increased to greater than 100 mL/hr