



INITIAL BED TYPE: <input type="checkbox"/> Non-monitored Bed <input type="checkbox"/> Telemetry <input type="checkbox"/> ICU	
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Allergies	000247
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Principal Diagnosis:
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Height (cm)	Weight (kg)	Medications may be stopped based on the current Medical Staff Bylaws automatic stop order policy. A therapeutic equivalent drug approved by Pharmacy and Therapeutics Committee may be dispensed in accordance with the Medical Staff Bylaws.
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DO NOT USE	U	IU	QD	Trailing Zero	Lack of Leading Zero	MS	MSO4	MgSO4	QOD
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**HYPOglycemia Management for Adult Patients Order Set**

Initial Level of Care	<input type="checkbox"/> Observation	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient
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General: HYPOglycemia is defined as glucose less than 70 mg/dL.

**If INITIAL bedside glucose is LESS than or equal to 40mg/dL:**

- Send serum glucose level STAT.
- Initiate treatment immediately after lab drawn. 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 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) intravenous push , ONCE
- If patient is NPO or unable to 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 drawn. DO NOT delay treatment waiting for lab result.
- If patient has IV access, give 50% Dextrose, 25 gm, (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.

Physician's Signature	Date / Time
Physician's ID (Dictation) Number	Pager #

PATIENT LABEL



**Physicians Orders**



DO NOT USE	U	IU	QD	Trailing Zero	Lack of Leading Zero	MS	M <sub>2</sub> SO <sub>4</sub>	MgSO <sub>4</sub>	QOD
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**If SECOND bedside glucose is 70-100mg/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 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:
  - 10% dextrose infusion is started
  - If glucose is LESS than 70 mg/dL while on 10% dextrose infusion
  - When 10% dextrose infusion rate is increased to GREATER than 100 ml/hr.

**If THIRD bedside glucose is 70-100mg/dL:**

- Notify provider of the hypoglycemia.
- Recheck bedside glucose every 20 minutes until glucose is GREATER than 100 m/ dL.

Approved by Diabetes Action Council, May 2020

Rev 7.17.20 v2

Physician's Signature	Date / Time
Physician's ID (Dictation) Number	Pager #

PATIENT LABEL