**Purpose**

This policy is designed to provide [insert hospital name] clinicians with information for safe and effective management of hypoglycemia in non-pregnant adults on the inpatient floors who are not on an IV insulin protocol [identify hospital protocol, if appropriate]

# Scope

All patients with orders for insulin or oral diabetes medications also should have orders for glucose monitoring and treatment of hypoglycemia.

A fingerstick blood glucose (bedside blood glucose [BBG]) must be checked on any patient suspected of having hypoglycemia.

If any BBG is below 70 mg/dL, the patient must be assessed for symptoms of low glucose. If the patient has no symptoms of low glucose, the BBG should be repeated in 30 minutes.

If a patient has symptoms of hypoglycemia, OR the glucose (repeated and confirmed) is less than 70 mg/dL, the patient should be treated immediately and the responsible physician should be notified.

All blood glucose readings must be obtained using hospital approved glucose meter.

# General Information

This policy has been developed to provide a standardized guideline for the evaluation and management of hypoglycemia.

# Policy

1. Identify patients at risk for hypoglycemia
   1. High risk patients should be identified, including
      1. Any patient receiving medication to lower their blood glucose (e.g., patients taking insulin, insulin analogues (e.g. NPH, glargine, regular, aspart), and some oral diabetes medications (i.e., glipizide, glyburide, glimeperide, repaglinide and nateglinide).
      2. Patients with prolonged illness, sepsis, hepatic or renal disease, malabsorption syndromes, poor nutritional intake, decreasing tube feeds or TPN, decreasing doses of steroids, insulinomas.
2. Check to see whether there are glucose monitoring orders and hypoglycemia treatment orders for all patients treated with glucose-lowering agents. These include insulin, insulin analogues (i.e., glargine, aspart), and some oral diabetes medications (i.e., glipizide, glyburide, glimepiride, repaglinide and nateglinide)
   1. All patients taking diabetes medications should have orders for glucose monitoring and hypoglycemia treatment.
3. If there are no hypoglycemia orders on chart, contact the responsible prescriber and ask them to order the Hypoglycemia template located in the computerized prescriber order entry (CPOE) system. (CPOE → Sets and templates → Diabetes → Hypoglycemia)
4. Observe and monitor high-risk patients for signs and symptoms of low blood glucose.
5. Patients should be educated to report symptoms of hypoglycemia to the nurse immediately.
6. If a patient reports symptoms of low blood glucose, they should be assessed and treated per CPOE Hypoglycemia template instructions.
7. After treatment for hypoglycemia patients may need to be monitored closely. Further blood glucose monitoring instructions should be obtained from the House Officer.
8. Special consideration:
   1. For patients on enteral (tube) feedings and insulin when feedings are interrupted
      1. For interruptions less than hour, IV dextrose is usually not needed
      2. Short interruptions (1-2 hr): call physician to consider a 10% dextrose infusion.
      3. For longer interruptions (greater than 2 hr), call physician to consider a 10% dextrose infusion.
         * Patients on enteral feedings need special consideration to prevent hypoglycemia if the tube feeding is stopped or interrupted for more than 1 to 2 hours after the insulin has been given.
         * Continue 10% dextrose until the feedings are resumed or until the dose of insulin has worn off (4 hr for aspart, 6 hr for regular, 12-24 hr for NPH, and 12-24 hr for glargine).
         * Patients who have been hyperglycemic (BBG >180 mg/dL) while on tube feedings may not require dextrose infusions if tube feedings are interrupted.

# Documentation

1. Blood glucose monitoring results, as ordered by the physician or determined by this policy, should be recorded in eMAR and on the patient bedside flow sheet, as well as event note and synthesis note.