



HYPOGLYCEMIA

Effective: January 1, 2025
Replaces: January 1, 2024

1. Patient Care Goals

- 1.1. Identification and treatment of hypoglycemia
- 1.2. Consider other causes of altered mental status if blood glucose greater than 60mg/dl

2. BLS Treatment

- 2.1. Routine Medical Care – Adult (700-S04)
 - 2.1.1. **Oxygen** – titrate as appropriate
- 2.2. Spinal Motion Restriction as appropriate (700-M11)
- 2.3. If another cause of the altered mentation is suspected, treat accordingly
- 2.4. **Blood Glucose Level (BGL)**
 - 2.4.1. If BGL is 60mg/dl or less and patient can swallow while controlling their own airway:
 - 2.4.2. **Oral Glucose (at least 24gm)**, may repeat once after 15 minutes if there is no change in the patient's mental status and/or improved BGL

3. ALS Treatment

- 3.1. **Vascular Access (IV)**, TKO
- 3.2. If blood glucose level is 60mg/dl or less, administer:
 - 3.2.1. **Dextrose 10% IV Piggyback or IV Drip**, hang a 250ml bag of 10% dextrose either piggyback to the normal saline bag or directly to IV hub/saline lock. Administer 100-200ml bolus. Reassess between boluses for improvements in mental status and/or improved BGL. May repeat boluses as needed until the patient becomes alert or BGL greater than 60mg/dl is achieved.
- 3.3. If vascular access is not available administer:
 - 3.3.1. **Glucagon 1mg IM**

4. Pertinent Assessment Findings

- 4.1. Trauma due to falls or other mechanism
- 4.2. Insulin pump and oral hypoglycemic agents
- 4.3. Altered mental status, diaphoresis, hypothermia can all be signs/symptoms of hypoglycemia, if blood glucose is greater than 60mg/dl consider other causes

5. Key Documentation Elements

- 5.1. Documentation of blood glucose level and baseline vital signs before and after interventions
- 5.2. Potential causes of hypoglycemia including overdose of medication, decreased food intake, chronic alcohol use, etc.