ED OBSERVATION UNIT: HYPOGLYCEMIA PROTOCOL NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients.

INCLUSION CRITERIA	EXCLUSION CRITERIA
 Type 1 or Type 2 Diabetes Mellitus Hypoglycemia requiring repeat glucose monitoring and intervention > 8 hours Readily treatable cause if present 	 Altered mental status despite glucose administration Intentional overdose of hypoglycemic agent Blood sugar < 50 on repeat measurement despite appropriate intervention Requirement of D10 drop or greater to maintain euglycemia Serious precipitating cause requiring admission

INTERVENTIONS

- Serial finger stick glucose measurement
- Dextrose administration
- IV fluids
- Octreotide (75ug SQ should be used if glucose administration is required when sulfonylureas are implicated, with monitoring 12 hours post administration. Not necessary in all cases of sulfonylurea cause when PO diet suffices.)
- Electrolyte monitoring and administration as indicated
- Diabetic counseling as indicated

DISPOSITION

Home:

- Blood sugars over 80 mg/dL following
 required monitoring period
- Capable adult supervision
- Precipitating factor(s) addressed if present

Admission:

- Deterioration of clinical status
- Persistent neurological deficits
- Requiring repeat doses of octreotide (as monitoring for 12 hours at a minimum post dose is recommended)
- Blood sugars < 80mg

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<u>Sources</u>

- Johansen NJ, Christensen MB. A Systematic Review on Insulin Overdose Cases: Clinical Course, Complications and Treatment Options. Basic & clinical pharmacology & toxicology. 2018;122(6):650-659.
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- 4. Spiller HA, Sawyer TS. Toxicology of oral antidiabetic medications. American Journal of Health-System Pharmacy. 2006;63(10):929-938.