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 drip or frequent (> 1 bolus Q4H period) dextrose bolus administration 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
- Clinical assessment of comorbid conditions with appropriate outpatient referral
- Diabetic counseling as indicated

DISPOSITION

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

Admission:
- Deterioration of clinical status
- Persistent neurological deficits
- Requiring repeat doses of octreotide (as monitoring for 12 hours at a

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present	minimum post dose is recommended) ● Blood sugars < 80mg

Sources

1. 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.
2. Klein-Schwartz W, Stassinos GL, Isbister GK. Treatment of sulfonylurea and insulin overdose. Br J Clin Pharmacol. 2016;81(3):496-504.
3. Spiller HA. Management of antidiabetic medications in overdose. Drug safety. 1998;19(5):411-424.
4. Spiller HA, Sawyer TS. Toxicology of oral antidiabetic medications. American Journal of Health-System Pharmacy. 2006;63(10):929-938.

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