**Guidelines for Managing Hypoglycaemia Alerts**

**Assess**
1. Hydration and dietary status: is hyperglycaemia easily explained by dietary indiscretion?
2. Ketones: if ketone test is positive consider diabetic ketoacidosis (DKA). Seek expert advice
3. Concurrent medications: if on oral corticosteroids or Total Parenteral Nutrition (TPN) seek expert advice
4. Missed doses of insulin or oral hypoglycaemic agent?
5. If not eating normally or markedly labile BGLs consider insulin infusion
6. Are alterations to insulin regimen or initiation of insulin required? Consider:

   a. Is it likely that insulin will be continued after discharge? If not, is it necessary to start it currently?
   b. What was the pre-morbid BGL control like? What is current HbA1c?
   c. Does the patient want long term insulin treatment? If so, what is their preferred regimen?

**Consider initiation of basal bolus insulin therapy**
- Suggested starting doses:
  - Basal dose (units) = weight (kg) divided by 4
  - Mealtime (units) = weight (kg) divided by 12

Adjust doses if adjusting current insulin regimen, increase corresponding dose by following day by 10%.

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Additional considerations:
- Consider supplemental rapid / short-acting insulin (Table 1):
  - If previously on insulin, dose according to total daily dose
  - If not, dose according to weight
  - If insulin is started, ensure early referral (within 24 hours) to specialist diabetes nurse educator or equivalent service.

Ongoing doses require daily review for adjustments according to BGLs and supplemental doses required over the previous days.

**Table 1: Suggested initial stat and supplemental rapid / short-acting insulin doses**

<table>
<thead>
<tr>
<th>Previously on insulin: Use previous total daily dose</th>
<th>Not previously on insulin: Use actual weight</th>
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</thead>
<tbody>
<tr>
<td>Less than 26 units</td>
<td>Less than 50 kg</td>
</tr>
<tr>
<td>26–50 units</td>
<td>50.1–100 kg</td>
</tr>
<tr>
<td>More than 100 units</td>
<td>More than 150 kg</td>
</tr>
<tr>
<td>BGL Rentl.</td>
<td>BGL Rentl.</td>
</tr>
<tr>
<td>8.1–12</td>
<td>1 unit</td>
</tr>
<tr>
<td>12.1–16</td>
<td>2 units</td>
</tr>
<tr>
<td>16.1–20</td>
<td>3 units</td>
</tr>
<tr>
<td>More than 20</td>
<td>4 units</td>
</tr>
<tr>
<td></td>
<td>8 units</td>
</tr>
<tr>
<td></td>
<td>12 units</td>
</tr>
<tr>
<td></td>
<td>16 units</td>
</tr>
</tbody>
</table>

**Hypoglycaemia Management in Diabetes: BGL Less than 4 mmol/L**

- Assess 1. Hydration and dietary status: is hyperglycaemia easily explained by dietary indiscretion?
2. Ketones: if ketone test is positive consider diabetic ketoacidosis (DKA). Seek expert advice
3. Concurrent medications: if on oral corticosteroids or Total Parenteral Nutrition (TPN) seek expert advice
4. Missed doses of insulin or oral hypoglycaemic agent?
5. If not eating normally or markedly labile BGLs consider insulin infusion
6. Are alterations to insulin regimen or initiation of insulin required? Consider:

   a. Is it likely that insulin will be continued after discharge? If not, is it necessary to start it currently?
   b. What was the pre-morbid BGL control like? What is current HbA1c?
   c. Does the patient want long term insulin treatment? If so, what is their preferred regimen?

- **If insulin is started, ensure early referral (within 24 hours) to specialist diabetes nurse educator or equivalent service.**

**Additional considerations:**
- Consider supplemental rapid / short-acting insulin (Table 1):
  - If previously on insulin, dose according to total daily dose
  - If not, dose according to weight
  - If insulin is started, ensure early referral (within 24 hours) to specialist diabetes nurse educator or equivalent service.

Ongoing doses require daily review for adjustments according to BGLs and supplemental doses required over the previous days.

**Diabetes treatment review following treated hypoglycaemia**

1. Assess patient – provide basic and advanced life support if required.
2. Review diabetes management for causes of hypoglycaemia and correct avoidable causes:
   a. If the cause is identified and corrected (e.g. missed, delayed or reduced intake), insulin dose adjustment is not required unless hypoglycaemic neuritis.
   b. If the cause is not identified or cannot be corrected and:
      i. Hypoglycaemia has occurred within 4 hours after mealtime insulin, reduce the dose of that mealtime insulin by 20% the following day.
      ii. If hypoglycaemia has occurred outside 4 hours after mealtime insulin reduce basal insulin dose by 20%.
3. If on insulin and eating normally, do not withhold subsequent mealtime or basal insulin after treating hypoglycaemia:
   a. If reduced oral intake consider reducing mealtime insulin dose(s).
4. If on a sulfonylurea, obtain specialist advice on management as hypoglycaemia can be recurrent or prolonged:
   a. Monitor BGL hourly for 4 hours, then hourly for 24 hours after last hypoglycaemic episode.
   b. If recurrent hypoglycaemia, commence IV glucose titrating rate to BGL greater than 4 mmol/L.
   c. Withhold oral hypoglycaemic treatment until recovered and review whether further therapy is required.
**NSW Health National Adult Insulin Subcut Order & BGL - 101212**

### Insulin Subcutaneous Order and Blood Glucose Record - Adult

**Monitoring / Notification Instructions**

- **BGL Frequency** (tick all that apply):
  - Standard (Pre-meals and at 21:00hrs)
  - 2 hours post-meal
  - Other: 

If not instructed, default is 'Standard'.

**Special Instructions:**

- Medical Officer to notify: Dr/wards or Ward Doctor

**Administration Record**

- Name of routine insulin: [ ]
- Name of routine insulin: [ ]
- Name of supplemental insulin: [ ]

**Nurses must write the dose given, time given and initials**

- If for any reason insulin cannot be administered as ordered, notify doctor, enter code for withheld and document in clinical record.

**If supplemental short-acting insulin is ordered for the same time as routine short-acting insulin, they may be given together but must be recorded separately.**

**Routine Insulin Orders**

- **valid until changed or ceased**

**Supplemental Insulin Orders**

- **valid until changed or ceased**

**Stat / Phone Insulin Orders**

- **valid until changed or ceased**

**Diabetes treatment prior to admission**

**Pharmacy Review**

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**NSW Health National Adult Insulin Subcut Order & BGL - 101212.indd 2**

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