

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

*General Observation Guidelines apply for all ED observation patients.*

<b>INCLUSION CRITERIA</b>	<b>EXCLUSION CRITERIA</b>
<ul style="list-style-type: none"> <li>● Type 1 or Type 2 Diabetes Mellitus</li> <li>● Hypoglycemia requiring repeat glucose monitoring and intervention &gt; 8 hours</li> <li>● Readily treatable cause if present</li> </ul>	<ul style="list-style-type: none"> <li>● Altered mental status despite glucose administration</li> <li>● Intentional overdose of hypoglycemic agent</li> <li>● Persistent hypoglycemia despite appropriate intervention</li> <li>● Requirement of D10 drip or frequent (&gt; 1 bolus Q4H period) dextrose bolus administration to maintain euglycemia</li> <li>● Serious precipitating cause requiring admission</li> </ul>

<b>INTERVENTIONS</b>
<ul style="list-style-type: none"> <li>● Serial finger stick glucose measurement</li> <li>● Dextrose administration</li> <li>● IV fluids</li> <li>● 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.)</li> <li>● Electrolyte monitoring and administration as indicated</li> <li>● Clinical assessment of comorbid conditions with appropriate outpatient referral</li> <li>● Diabetic counseling as indicated</li> </ul>

**(Please see next page for Disposition)**

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## DISPOSITION

### Home:

- Blood sugar > 80 mg/dl following an 8-hour monitoring period while patient is off administration of dextrose, glucose containing IV fluids, glucagon or octreotide injections
- 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

### 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, Stassinis 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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