

# Emergency Management of Hypoglycemia

**DON'T GIVE GLUCOSE IMMEDIATELY!!!** Take a second and think about it  
Is the blood glucose <45 mg/dL?  
(Can be low-normal in severe acute stress, e.g. post-ictal)

Does patient have a known cause? (e.g. insulin, sulfonylurea)

Patient Alert?

YES NO

## TREATMENT

Oral glucose- 15g (e.g. 4 oz OJ)  
Check glucose in 10-15 min prn  
Repeat glucose prn

## TREATMENT

IV glucose 0.25 g/kg bolus  
OR IM glucagon 0.5-1.0 mg  
Check glucose in 10-15 minutes  
(sooner if no clinical response)  
Maintain IV glucose infusion prn

## Look for Cause (± admission)

Age  
Last meal  
Severe hypoglycemia in diabetes  
-accidental vs intentional  
-high activity  
-low food intake  
-change in normal routine/caretaker  
-illness  
-medication dose change  
Known metabolic disorder  
Drugs

## Meets 1<sup>st</sup> 2 criteria of Whipple's Triad

-Signs or symptoms of hypoglycemia  
-Blood glucose <45 mg/dL  
-(Symptoms resolve with glucose intake)

YES

## Draw Critical Blood Sample

- 5-10 mL for serum (SST)  
**-glucose**  
**-insulin**  
**-cortisol**  
**-growth hormone**  
**- beta hydroxybutyrate**  
± Plasma amino acids  
± Carnitine  
± lactate/pyruvate on ice

## Next urine

-dip for ketones  
-organic acids  
-toxicology (ASA, ethanol, sulfonylureas)  
NOT routine screen

## Prevent Recurrence

-Education  
-Start or change current treatment?  
-Follow-up