# Management of Hypoglycaemia Guidelines

Hypoglycaemia can be troublesome at any time in patients with diabetes on glucose-lowering therapies but at the end of life, every effort should be made to avoid this side-effect of treatment.

The following help to reduce hypoglycaemia:

- Agree a care plan and glucose targets
- Be cautious when anorexia develops
- Tailor insulin therapy and avoid insulin dose errors

Other factors/steps that should be considered are:

- Rationalisation of glucose-lowering treatment for diabetes
- Involve an experienced community dietitian
- Early identification of risk factors for hypoglycaemia
- Treat pain effectively
- Assess impact of weight loss
- Assess influence of nutritional deficits
- Assess influence of opiates/other pain killers on appetite

***Identifying those at risk:***

These include all insulin, sulphonylurea (e.g. Gliclazide, Glipizide, Glimepiride) and prandial regulator users (Nataglinide, Repaglinide). Patients who are at particular high risk include those who also have one or more of the following:

- Poor appetite/erratic eating pattern
- Weight loss
- Renal deterioration
- Liver impairment/ carcinoma

***Identifying hypoglycaemia: signs and symptoms***

The patient may feel one or more of the following symptoms listed below:

- Sudden onset of hunger
- Sweating

- Palpitations/feeling anxious
- Feeling “jittery”
- Tingling in lips
- Feel dizzy or faint
- Feel confused or find it difficult to concentrate

They may look pale, become confused, have behaviour change, become very drowsy, and lose consciousness. Sweating, fits, and skin colour change in a drowsy or unconscious person may be due to hypoglycaemia. Do not assume if the patient is comatose that it is due to the end of life primary condition.

***Management of Hypoglycaemia (BM <4mmols)***

Acute management will depend on whether the patient is conscious and/or able to swallow:

**Patient conscious and able to swallow**

Give one of the following:

- 150 ml of non-diet cola (small can)
- 200 ml of pure smooth orange juice (small carton)
- 100 ml of Lucozade Original
- 4 glucotabs
- 5 to 6 dextrose tablets

If after 5 minutes, the blood glucose level is still less than 4 mmol/l, repeat the treatment.

Once the blood glucose is above 4mmol/l, give a starchy snack like a banana or glass of milk or 2 biscuits unless a meal will be eaten in the next 1 to 2 hours

**Patient is conscious but unable to swallow (PEG fed)**

You should stop the feed and insert one of the following into the feeding tube;

- 30ml undiluted Ribena
- 150 ml non-diet cola
- 100 ml Lucozade Original

Repeat this procedure every 5 minutes until the blood glucose is above 4 mmol/l.

- Afterwards resume the feed

**Patient unconscious**

Put the patient in the recovery position and maintain airway - do not put glucose in the mouth. Give 1mg glucagon intra-muscularly.

If glucagon is not available or is ineffective, call paramedics and inform doctor. It may not be appropriate to transfer patient to the hospital, but if hypoglycaemia is iatrogenic (due to medication) then it would be acceptible to treat the hypoglycaemia with an infusion of IV glucose.

*Note: glucagon may not be effective in people with liver disease*

***Aftercare***

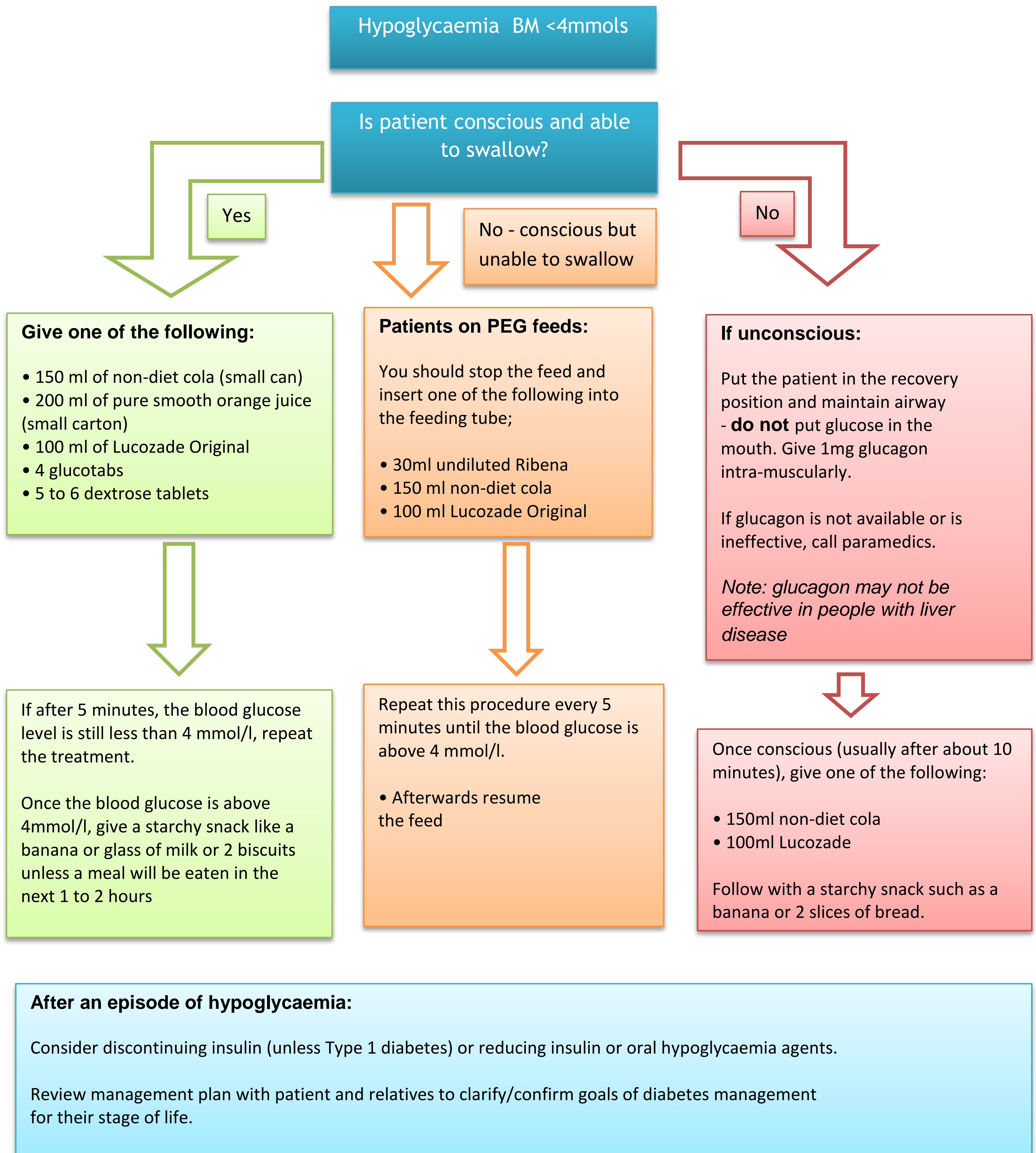
Following an episode of hypoglyaceamia, the patient would require a medical review to consider discontinuing insulin (unless Type 1 diabetes) or reducing insulin or oral hypoglycaemia agents.

Review management plan with patient and relatives to clarify/confirm goals of diabetes management for their stage of life. See full guidance document *End of Life Diabetes Care: Clinical Care Recommendations 2nd Edition; Diabetes UK*

<table>
<tr><td colspan="5">REFERENCES: End of Life Diabetes Care: Clinical Care Recommendations 2nd Edition; Diabetes UK<br><br>Lead Author: Dr Lucy Adcock<br><br>Date of Ratificaton by QA sub Committee: 19th October 2017<br><br>Review frequency: 2 years</td></tr>
<tr><td>To Be reviewed</td><td>Review completed</td><td>By</td><td>Approved By</td><td>Circulation</td></tr>
<tr><td>Oct 2019</td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
</table>

Appendix A

**Management of Hypoglycaemia**




**After an episode of hypoglycaemia:**

Consider discontinuing insulin (unless Type 1 diabetes) or reducing insulin or oral hypoglycaemia agents.

Review management plan with patient and relatives to clarify/confirm goals of diabetes management for their stage of life.