

Management of Hypoglycaemia in the conscious patient

Hypoglycaemia is defined as: a blood glucose level less than 4mmol/L. Hypoglycaemia in the older person can have significant complications, can be severe and prolonged and can precipitate a cardiovascular event (heart attack!)

'Four is the floor'

Residents with diabetes taking sulfonylureas or insulin are at an increased risk of hypoglycaemia. Symptoms usually begin when a blood glucose level is less than 4mmol/L. Blood glucose levels between 4-6mmol/L is too low for older people and requires medication adjustment.





Hypoglycaemia can progress to stupor, seizure or coma and will become a medical emergency if not treated promptly.

Predisposing factors for hypoglycaemia include: unsuitable diabetes medication regimen, poor nutrition, renal disease, advanced age (>80 years old).

Hypoglycaemia happens suddenly - minutes to hours.

- New onset confusion, irritability, anxiety or change in behaviour
 - New weakness, trembling hands or shaking knees
 - Feeling suddenly dizzy and lightheaded or new headache
 - Fast pulse and palpitations (thumping heart)
 - Pins and needles (tingling) of lips and tongue or feeling hungry
 - Pale and sweaty skin (late sign!)
- Loss of consciousness

Be aware that symptoms may not be obvious and hypoglycaemia may be unrecognised by the patient.

Capillary glucose less than 4mmol/L	Needs Treatment 	Give either: ✓ 4 glucose tablets (10-15g glucose) <i>or</i> ✓ 3 heaped teaspoons of sugar dissolved in water <i>or</i> ✓ Half a cup of fruit juice	
Retest in 10 minutes			
 Repeat treatment	If NO response or glucose less than 4mmol/L 		If response greater than 4mmol/L 
Notify doctor if capillary glucose level is not above 4mmol/L within 30 minutes <i>and</i> continue with 'hypo' treatment		Give either: ✓ Slice of bread, small yoghurt, 2 plain biscuits <i>or</i> ✓ 1 glass of milk <i>or</i> ✓ Meal if due within 15 minutes	
NOTIFY GP if capillary blood glucose level is not above 4mmol/L within 30 minutes BUT continue with 'hypo' treatment.			

REMINDER:

Be wary of 'hypos' in the older person who is on a **sulfonylurea (glipizide or gliclazide)**. Re-check capillary glucose again in 3-4 hours after treating the hypo as the action of these medications can cause the capillary glucose to fall again.

If unconscious

**This is a medical emergency.
If no doctor is immediately available dial 111.**

Diabetes
Guidelines
for Older
Residents
in Age
Related
Residential
Care
(ARRC)
Facilities