

18. Hypoglycaemia Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

Hypoglycaemia (RBS < 3.3 mmol/L)

- Monitor, support ABCs
- Check vital signs (BP, PR, RR, SPO₂, T° C)
- Start Oxygen **IF** SPO₂ < 94%. Maintain SPO₂ ≥ 94%

Able to tolerate PO

Yes

No

Give 15gm of simple carbohydrate PO
AND/OR
A full complex starchy carbohydrate meal
e.g. rice, ugali, wholemeal

50mls 50% Dextrose IV*

Symptoms resolved and RBS > 3.3mmol/L

Yes

No

Repeat Algorithm

After 2 rounds of the algorithm, begin continuous infusion of **5% Dextrose saline at 110mls/hr**

***Dextrose Rule of 50**

How to correct hypoglycaemia:

- Neonate 5 ml/kg of 10% Dextrose (10×5=50)
- Infant 2 ml/kg of 25% Dextrose (25×2=50)
- Older child or Adult 1 ml/kg of 50% Dextrose (50×1=50)

How to make different Dextrose solutions:

- 50 ml of 50% Dextrose + 50 ml NS = **25% Dextrose**
- 50 ml of 50% Dextrose + 150 ml NS = **12.5% Dextrose**

- Provide patient with a full complex starchy carbohydrate meal e.g. rice, ugali, wholemeal or begin continuous infusion of **5% Dextrose saline at 110mls/hr**
- Treat underlying cause
- Maintain blood glucose level **above 4.4 mmol/L**
- Consider **thiamine 100mg IVI** for malnourished and alcoholic patients followed by **100mg PO BD for 6 weeks**
- Consult a **Physician**