

RETU Diabetic Hypoglycemia Pathway

Required testing prior to RETU admission

- EKG, venous blood gas, POC glucose
- Pregnancy test in women of childbearing age
- Infectious work up if indicated

ED Evaluation

Not appropriate for RETU

- Hemodynamic instability
- Intentional overdose with hypoglycemic agent
- Altered mental status that is severe or persistent
- Severe infection
- Requiring D5 or D10 drip to maintain euglycemia
- Prolonged monitoring for recurrent hypoglycemia deemed necessary

RETU Intake Evaluation (do not repeat testing if already done in ED)

★Record home insulin and/or oral hypoglycemic agent information:

- Type
- Dose
- Time of last dose

Initial Testing

- Labs: CBC, chem 7, urinalysis, (others as clinically indicated)
- Imaging: CXR as indicated

Monitoring

- Telemetry as indicated
- Serial POC glucose

Consults

- Endocrine (consult for all Type 1 DM)

RETU Treatment / Evaluation

Serial POC glucose every 2–4 hours

Encourage PO

Consider further infectious work up

Continue to investigate cause of hypoglycemia if cause remains unknown

Replete electrolytes as needed

Refractory hypoglycemia?*

N

Y

Admit

- Consider starting D5–D10 drip
- Consider NCHCT
- Consider endocrine consult
- Consider expanding infectious work up

Discharge

- Have a plan for oral hypoglycemic agents and/or insulin
- Expedite follow up
 - Notify PMD if Mount Sinai
 - Obtain appointment from endocrine if consulted

* Repeat a POC glucose 15–20 minutes after treating hypoglycemia to confirm correction until glucose is >80mg/dL. If not, continue treatment process.

Disposition Guidelines

Discharge from RETU

- Resolution of symptoms
- Maintaining blood glucose >80mg/dL
- Reason for hypoglycemia identified and addressed

Admission to Hospital

- Deterioration of clinical condition
- Requiring D5–D10 drip
- Continued hypoglycemia after 24hrs
- Refractory AMS or neurologic deficit