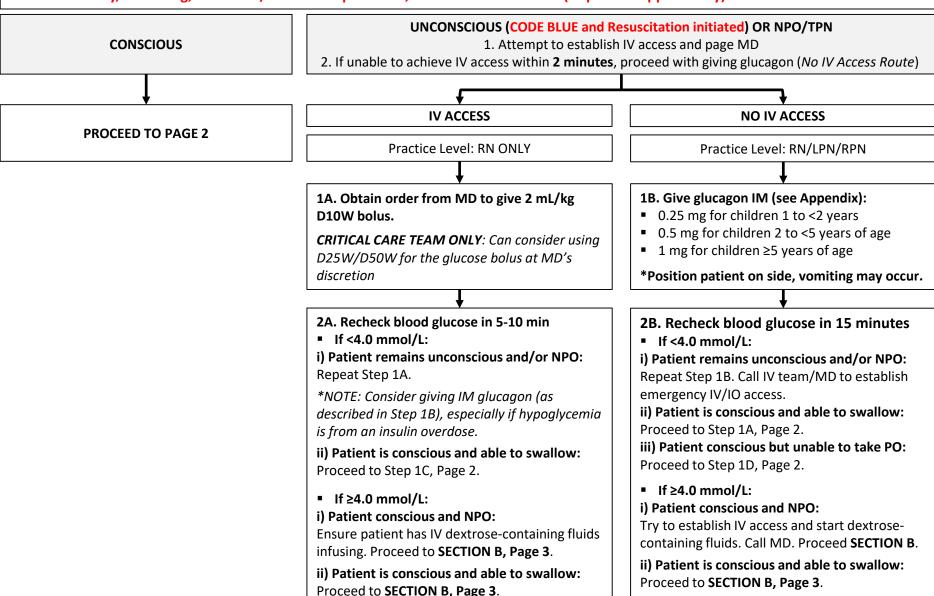
SECTION A, PAGE 1: PEDIATRIC HYPOGLYCEMIA MANAGEMENT ALGORITHM FOR PATIENTS WITH DIABETES

NOT FOR USE FOR HYPOGLYCEMIA TREATMENT IN INFANTS < 1 MONTH OF AGE

BLOOD GLUCOSE <4 mmol/L (Unless otherwise specified in orders)

1. Assess vital signs and level of consciousness (LOC)

2. If Airway, Breathing, vitals and/or LOC compromised, call CODE BLUE or 911 (as per site applicability) and initiate resuscitation



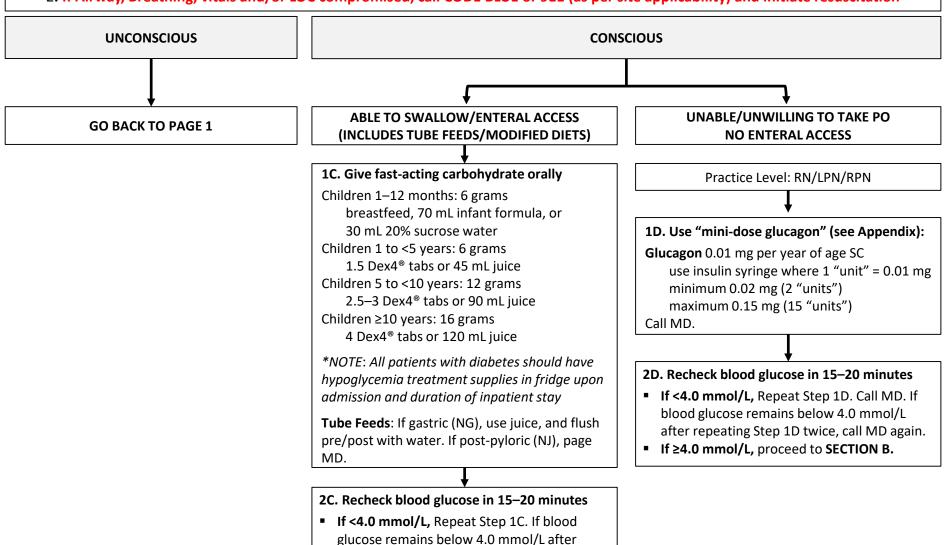
SECTION A, PAGE 2: PEDIATRIC HYPOGLYCEMIA MANAGEMENT ALGORITHM FOR PATIENTS WITH DIABETES

NOT FOR USE FOR HYPOGLYCEMIA TREATMENT IN INFANTS <1 MONTH OF AGE

BLOOD GLUCOSE <4 mmol/L (Unless otherwise specified in orders)

1. Assess vital signs and level of consciousness (LOC)

2. If Airway, Breathing, vitals and/or LOC compromised, call CODE BLUE or 911 (as per site applicability) and initiate resuscitation



repeating Step 1C twice, call MD.
■ If ≥4.0 mmol/L, proceed to SECTION B.

SECTION B, PAGE 3: ONGOING MANAGEMENT OF PATIENTS WITH DIABETES, POST HYPOGLYCEMIA TREATMENT

(NOTE: Blood glucose must be ≥4.0 mmol/L)

CONSCIOUS & ABLE TO SWALLOW

- 1. If next meal/snack is more than 45 minutes from the present time, give additional snack immediately after successful treatment of hypoglycemia. Snack should consist of carbohydrate and protein (e.g. crackers with cheese or peanut butter; or for infants, give EBM/Formula)
- 2. If meal (or usual snack) is within 45 minutes from the present time, have the patient eat the meal early, rather than adding an additional meal/snack.

TUBE-FED

- 1. If tube feed is continuous, continue regular feeding schedule at established rate, as per MD's orders.
- 2. If tube feed is intermittent and more than 45 minutes from present time, obtain order for bolus feed as per MD's recommendations.

IV ACCESS & UNABLE TO TAKE ENTERAL NUTRITION (E.G. NPO/UNCONSCIOUS)

- 1. Ensure maintenance IV fluids contain dextrose; discuss with MD and ask for new order if a solution change is necessary. [NOTE: D10NS run at 3 mL/kg/h provides a glucose infusion rate of 5 mg/kg/min, which meets the physiological needs of most children >1 years of age.]
- 2. IV rate should be adjusted to ensure the blood glucose remains in target (e.g. 4 to 10 mmol/L), as specified by orders. Discuss with MD.

NO IV ACCESS & UNABLE TO TAKE ENTERAL NUTRITION (E.G. NPO/UNCONSCIOUS)

1. Discuss treatment options and nutritional plan with MD.

- Re-check blood glucose 2 hours post hypoglycemia treatment, to ensure it remains ≥4.0 mmol/L
- If <4.0 mmol/L, initiate appropriate hypoglycemia algorithm (**SECTION A**) and call MD If ≥4.0 mmol/L, check blood glucose before next meal/snack, bedtime, or as per MD's orders
- Review possible causes of hypoglycemia and discuss with MD/care team. Institute prevention measures as appropriate.

Contributors:

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