

Protocol Name	Hyper and Hypoglycemia
Created date:	August 31 st , 2020
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Purpose:

To assess, treat and/or triage individuals presenting with hyper or hypoglycemia – symptoms for hyperglycemia don't usually appear until blood sugar value is 180-200mg/dl or higher and symptoms associated with hypoglycemia can occur suddenly requiring swift assessment and intervention. Diabetic Emergency is defined by dangerously high or dangerously low blood sugar levels.

Hyperglycemia Early Signs and Symptoms:

- Frequent urination
- Increased thirst
- Blurred vision
- Fatigue
- Headache

Hyperglycemia Later Signs and Symptoms:

- Fruity smelling breath
- Nausea and vomiting
- Shortness of breath
- Dry mouth
- Weakness
- Confusion
- Abdominal pain
- Decrease in level of consciousness

Hyperglycemia can be caused by any of the following:

- Skipping diabetes medication
- Poorly managed blood sugars
- Infection (often UTI) or other illness
- Medications including diuretics and steroids
- Poor diet compliance
- Injury or recent surgery
- Stress
- Inactivity
- Fever lasting more than 24 hours
- Pregnancy

Hypoglycemia Signs and Symptoms:

- Excessive sweating
- Feeling dizzy and weak

- Pale
- Confusion
- Blurred vision
- Fatigue or tired
- Skin feels cold and clammy

Hypoglycemia can be caused by:

- Delayed or skipping meals
- Taking too much antidiabetic medication
- Not consuming enough carbohydrates
- Over exercising
- Consumption of alcohol

Assessment:

- Obtain patient's history, including allergies, medication list and recent activity
- Vital Signs – heart rate, respirations, blood pressure, temperature, pain level and O2 sat level
- Obtain patient's diet history, recent lifestyle changes including any new stressors. Have they recently been ill? Is there a history of diabetes? Obtain medication history and ask if they took their diabetes medication today. **The most common cause of hyperglycemia is skipping diabetes medication. And the most common cause of hypoglycemia is skipping meals.**
- Check blood sugar with glucometer

Standing Orders/Intervention:

Treat the symptoms not the number alone. Target blood sugar for non-diabetics is between 80-100 (fasting). Might be a little higher than this if non-fasting.

If Hypoglycemic: (blood sugar has dropped below 70mg/dL)

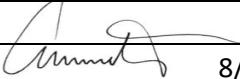
- Immediate initial treatment is necessary to raise the blood sugar
- Have patient obtain a snack and consume or administer glucose tab(s) x 1-2 dependent on blood sugar level
- Recheck blood sugar 15 minutes after treatment. If blood sugar is still under 70, have patient repeat. Repeat this until the patient's blood sugar is above 70mg/dL
- Once blood sugar is above 70mg/dL, have patient eat an additional snack or meal to help stabilize his/her blood sugar and replenish the body's glycogen stores
- Treatment of the underlying condition that is causing hypoglycemia to prevent it from occurring again is necessary – refer patient to follow up with their primary care physician

If Hyperglycemic: (blood sugar > 108mg/dL)

- If patient presents with high blood glucose level (>108mg/dL) **with** neurological symptoms a stroke assessment should be completed

- If blood sugar elevation noted minus history of diabetes – acute stroke should be assessed closely
- If acute stroke suspected, activate 911 Emergency Services [**follow Stroke Protocol**] – continue to assess breathing and heart rate, and keep patient comfortable until transfer of care to EMS
- If the patient presents with elevated blood sugar with NO stroke related symptoms, refer patient to follow up with primary care physician for further assessment and management
- If patient is semi-conscious place on side to keep airway open and avoid aspiration should vomiting occur.

Hyper-Hypoglycemia protocol is part of Affiliated Physician's **ON-SITE CLINIC PROGRAM**. I, hereby acknowledge, the above has been reviewed and approved. Upon clinical assessment and necessity, these orders are to be activated by an Affiliated Physician's on-site nurse and documentation of each episode is mandatory.

Medical Director – Dr. Avram Nemetz
Signature: 
Date: 8/31/2020