Manual:	Nursing	Number:		
Section:	Delegated Medical Acts	Effective Date: 17-March- 2021		
Pages:	1 of 3	Revision Date: DD MMM YYYY		
Order and/	or Delegated Procedure:	Appendix Attached: ☐ Yes ☐ No Title:		
Check Capil	lary Blood Glucose using a blood glucose	e meter.		
	treatment(s) as per the Hypoglycemic Cl	linical Protocol.		
Recipient P	atients:	Appendix Attached: ☐ Yes ☐ No Title:		
All patients	18 years and above suspected of having	g hypoglycemia.		
Authorized	Implementers:	Appendix Attached: ☐ Yes ☐ No Title:		
All RNs and RPNs employed at MAHC who have completed the required training to perform Point of Care Glucose testing and who have reviewed the hypoglycemic protocol.				
Indications	:	Appendix Attached: ☐ Yes ☐ No Title:		
 Signs and symptoms of, or including one or more of the following: Patient has signs/symptoms of hypoglycemia (i.e. trembling, palpitations, sweating, anxiety, hunger, nausea, weakness, drowsiness, difficulty concentrating, confusion, dizziness or difficulty speaking) or on insulin or other hypoglycemic drugs within the past 48 hours. Contraindications: Oral treatment in a patient whom is unable to swallow Individuals hypersensitive to the active substance, any ingredient in the formulation or container may not receive it Patients unwilling, unable to provide blood sample or refusal for testing and/or treatment Glucagon: tumor of the adrenal gland tissue (phaeochromocytoma) Dextrose: A concentrated dextrose solution should not be used when intracranial or intraspinal hemorrhage is present, nor in the presence of delirium tremens if the patient is already dehydrated (hypertonic dextrose solution can worsen the patient's hyperosmolar state) 				
Consent:		Appendix Attached: ☐ Yes ☐ No Title:		
Staff implementing the directive will obtain consent in accordance with the Health Care Consent Act and any relevant hospital policies and procedures (see below "Cross Reference").				
Guidelines	for Implementing the Order or Procedu	Appendix Attached: Yes No Title: Appendix 1: Hypoglycemia Clinical Protocol		
The nurse implementing the directive must have current validation at MAHC and the knowledge, skill and judgment to perform glucose meter testing and treatment of hypoglycemia.				
Documenta	tion & Communication:	Appendix Attached: Yes No Title: Appendix B: Sample documentation of implementation		
After implementation print a copy of the hypoglycemic protocol: 1. indicate under the practitioner signature the: O Name of Authorizer (MRP) O Name and signature of the implementer				

Policy/Procedure

Name:

MUSKOKA ALGONQUIN HEALTHCARE **Adult Hypoglycemia Clinical Protocol Medical**

Directive

Last Reviewed Date: 03/17/2021 00:00:00	Signing Authority: Medical Advisory Committee	
Next Review Date: 03/17/2024 00:00:00	Version: 1.0	
Disclaimer Message: A printed copy of this document may not reflect the current, electronic version in the		
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always be checked against electronic version prior to use.		

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Name and number of medical directive (see Policy Name/Number above)
Scan the document to Pharmacy and place in the orders section of the patient chart.

3. Chart medications/ treatments given in the eMAR.

Notify MRP as soon as reasonably possible about implementation.

K	MUSKOKA ALGONQUIN HEALTHCARE	Policy/Procedure Name:	Adult Hypoglycemia Clinical Protocol Medical Directive
Manual:	Nursing	Number:	
Section:	Delegated Medical Acts	Effective Date:	17-March- 2021
Pages:	2 of 3	Revision Date:	DD MMM YYYY
	20.0	nerision bate.	

Review & Quality Monitoring Guidelines:	Appendix Attached: Yes	□ No	Title:	
Pharmacy and Therapeutics review q 2years – Completed 2021/03				
Administrative Approvals (as applicable)	Appendix Attached: ☐ Yes	□ No	Title:	
Medical Advisory Committee – Submitted 2021/03				
Approving Physician(s)/Authorizer(s):	Appendix Attached: ☐ Yes	□ No	Title:	
All credentialed MAHC Physicians Location of credentialed MAHC Physicians				

Sponsors

Authorizing Profession Representative(s): Dr. Dave Johnstone. Chair of P&T. Implementing Representative(s): Kristin Cazabon. P&T Nurse Representative Administrative Representative(s): Dr. Khaled Abdel-Razek. Chief of Staff.

Cross Reference

Administration. Risk Management. Policy Consent to Treatment Medical Directives: Creation and Approval

Notes

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References / Relevant Legislation

- Yale JF, Paty B, Senior PA. <u>Hypoglycemia</u>. Canadian journal of diabetes 42 (2018): S104-S108.
- Public Hospitals Act, R.S.O. 1990, c. P.40: R.R.O. 1990, Reg. 965: HOSPITAL MANAGEMENT
 - Grants only physicians, NPs, midwives and dentists the authority to order treatments.
- Regulated Health Professions Act, 1991
- HPRO. How Does Accountability Work from a Regulatory Perspective? Accessed 2021/01.
- Health Care Consent Act. 1996

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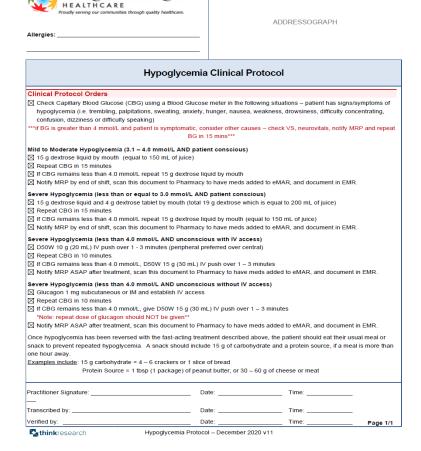
	MUSKOKA ALGONQUIN HEALTHCARE	Policy/Procedure Name:	Adult Hypoglycemia Clinical Protocol Medical Directive
Manual:	Nursing	Number:	
Section:	Delegated Medical Acts	Effective Date:	17-March- 2021
Pages:	3 of 3	Revision Date:	DD MMM YYYY

Appendices

Appendix 1: Hypoglycemia Clinical Protocol;

Refer to the most recent clinical protocol available on entry point/Patient Order Sets Network

MUSKOKA ALGONQUIN



Appendix B: Sample documentation of implementation

The format readily signifies a proper order in accordance with legislative and regulatory requirements.
 Should there be questions about the order, the implementer should be contacted. If unable to be resolved the Authorizer would be contacted for clarification.

Dr. [Authorizer MRP]/[Implementer] RN/RPN DATE: YYYY/MM/DD TIME: HHMM (per Adult Hypoglycemia Clinical Protocol Medical Directive [INSERT # HERE])

Last Reviewed Date: 03/17/2021 00:00:00	Signing Authority: Medical Advisory Committee	
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