




<b>Policy/Procedure Name:</b>	<b>Adult Hypoglycemia Clinical Protocol Medical Directive</b>
<b>Manual:</b> Nursing	<b>Number:</b>
<b>Section:</b> Delegated Medical Acts	<b>Effective Date:</b> 17-March- 2021
<b>Pages:</b> 1 of 3	<b>Revision Date:</b> DD MMM YYYY

<b>Order and/or Delegated Procedure:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
Check Capillary Blood Glucose using a blood glucose meter. Administer treatment(s) as per the Hypoglycemic Clinical Protocol.	
<b>Recipient Patients:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
All patients 18 years and above suspected of having hypoglycemia.	
<b>Authorized Implementers:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
<b>Indications:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
Signs and symptoms of, or including one or more of the following: <ul style="list-style-type: none"> <li>• 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.</li> </ul> <b>Contraindications:</b> <ul style="list-style-type: none"> <li>• Oral treatment in a patient whom is unable to swallow</li> <li>• Individuals hypersensitive to the active substance, any ingredient in the formulation or container may not receive it</li> <li>• Patients unwilling, unable to provide blood sample or refusal for testing and/or treatment</li> <li>• <b>Glucagon:</b> tumor of the adrenal gland tissue (phaeochromocytoma)</li> <li>• <b>Dextrose:</b> 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)</li> </ul>	
<b>Consent:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> 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").	
<b>Guidelines for Implementing the Order or Procedures:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
<b>Documentation &amp; Communication:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix B: Sample documentation of implementation
After implementation print a copy of the hypoglycemic protocol: <ol style="list-style-type: none"> <li>1. indicate under the practitioner signature the: <ul style="list-style-type: none"> <li>○ Name of Authorizer (MRP)</li> <li>○ Name and signature of the implementer</li> <li>○ Name and number of medical directive (see Policy Name/Number above)</li> </ul> </li> <li>2. Scan the document to Pharmacy and place in the orders section of the patient chart.</li> <li>3. Chart medications/ treatments given in the eMAR.</li> <li>4. Notify MRP as soon as reasonably possible about implementation.</li> </ol>	

<b>Last Reviewed Date:</b> 03/17/2021 00:00:00	<b>Signing Authority:</b> Medical Advisory Committee
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<b>Pages:</b> 2 of 3	<b>Revision Date:</b> DD MMM YYYY

<b>Review &amp; Quality Monitoring Guidelines:</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
Pharmacy and Therapeutics review q 2years – Completed 2021/03	
<b>Administrative Approvals (as applicable)</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
 Medical Advisory Committee – Submitted 2021/03	
<b>Approving Physician(s)/Authorizer(s):</b>	Appendix Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Title:
All credentialed MAHC Physicians Location of credentialed MAHC <a href="#">Physicians</a>	

**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. [Hypoglycemia](#). 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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**Appendices**

**Appendix 1: Hypoglycemia Clinical Protocol;**

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



Allergies: \_\_\_\_\_

ADDRESSOGRAPH

Hypoglycemia Clinical Protocol	
<b>Clinical Protocol Orders</b>	
<input checked="" type="checkbox"/> Check Capillary Blood Glucose (CBG) using a Blood Glucose meter in the following situations – patient has signs/symptoms of hypoglycemia (i.e. trembling, palpitations, sweating, anxiety, hunger, nausea, weakness, drowsiness, difficulty concentrating, confusion, dizziness or difficulty speaking) <b>***If BG is greater than 4 mmol/L and patient is symptomatic, consider other causes – check VS, neurovitals, notify MRP and repeat BG in 15 mins***</b>	
<b>Mild to Moderate Hypoglycemia (3.1 – 4.0 mmol/L AND patient conscious)</b>	
<input checked="" type="checkbox"/> 15 g dextrose liquid by mouth (equal to 150 mL of juice) <input checked="" type="checkbox"/> Repeat CBG in 15 minutes <input checked="" type="checkbox"/> If CBG remains less than 4.0 mmol/L repeat 15 g dextrose liquid by mouth <input checked="" type="checkbox"/> Notify MRP by end of shift, scan this document to Pharmacy to have meds added to eMAR, and document in EMR.	
<b>Severe Hypoglycemia (less than or equal to 3.0 mmol/L AND patient conscious)</b>	
<input checked="" type="checkbox"/> 15 g dextrose liquid and 4 g dextrose tablet by mouth (total 19 g dextrose which is equal to 200 mL of juice) <input checked="" type="checkbox"/> Repeat CBG in 15 minutes <input checked="" type="checkbox"/> If CBG remains less than 4.0 mmol/L repeat 15 g dextrose liquid by mouth (equal to 150 mL of juice) <input checked="" type="checkbox"/> Notify MRP by end of shift, scan this document to Pharmacy to have meds added to eMAR, and document in EMR.	
<b>Severe Hypoglycemia (less than 4.0 mmol/L AND unconscious with IV access)</b>	
<input checked="" type="checkbox"/> D50W 10 g (20 mL) IV push over 1 - 3 minutes (peripheral preferred over central) <input checked="" type="checkbox"/> Repeat CBG in 10 minutes <input checked="" type="checkbox"/> If CBG remains less than 4.0 mmol/L, D50W 15 g (30 mL) IV push over 1 – 3 minutes <input checked="" type="checkbox"/> Notify MRP ASAP after treatment, scan this document to Pharmacy to have meds added to eMAR, and document in EMR.	
<b>Severe Hypoglycemia (less than 4.0 mmol/L AND unconscious without IV access)</b>	
<input checked="" type="checkbox"/> Glucagon 1 mg subcutaneous or IM and establish IV access <input checked="" type="checkbox"/> Repeat CBG in 10 minutes <input checked="" type="checkbox"/> If CBG remains less than 4.0 mmol/L, give D50W 15 g (30 mL) IV push over 1 – 3 minutes <b>*Note: repeat dose of glucagon should NOT be given*</b> <input checked="" type="checkbox"/> Notify MRP ASAP after treatment, scan this document to Pharmacy to have meds added to eMAR, and document in EMR.	
Once hypoglycemia has been reversed with the fast-acting treatment described above, the patient should eat their usual meal or snack to prevent repeated hypoglycemia. A snack should include 15 g of carbohydrate and a protein source, if a meal is more than one hour away. <b>Examples include:</b> 15 g carbohydrate = 4 – 6 crackers or 1 slice of bread Protein Source = 1 tbsp (1 package) of peanut butter, or 30 – 60 g of cheese or meat	
Practitioner Signature: _____	Date: _____ Time: _____
Transcribed by: _____	Date: _____ Time: _____
Verified by: _____	Date: _____ Time: _____ <span style="float: right;">Page 1/1</span>



Hypoglycemia Protocol – December 2020 v11

**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])

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