

Hypoglycemia Management¹

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care.

PRESENTATION

Serum glucose < 70 mg/dL **or** following clinical signs and symptoms of hypoglycemia in patients with/without hypoglycemic medications:

- Diaphoresis
- Shakiness/Trembling
- Mental status changes
- Headache
- Hunger

Note: Call MERIT team at any time if patient in apparent physical distress

TREATMENT

Perform the following STAT:

- Vital signs and oxygen saturation
- Point of care (POC) glucose level
- Pause subcutaneous insulin pump² or IV insulin infusion, if present

Glucose < 70 mg/dL?

Yes

No

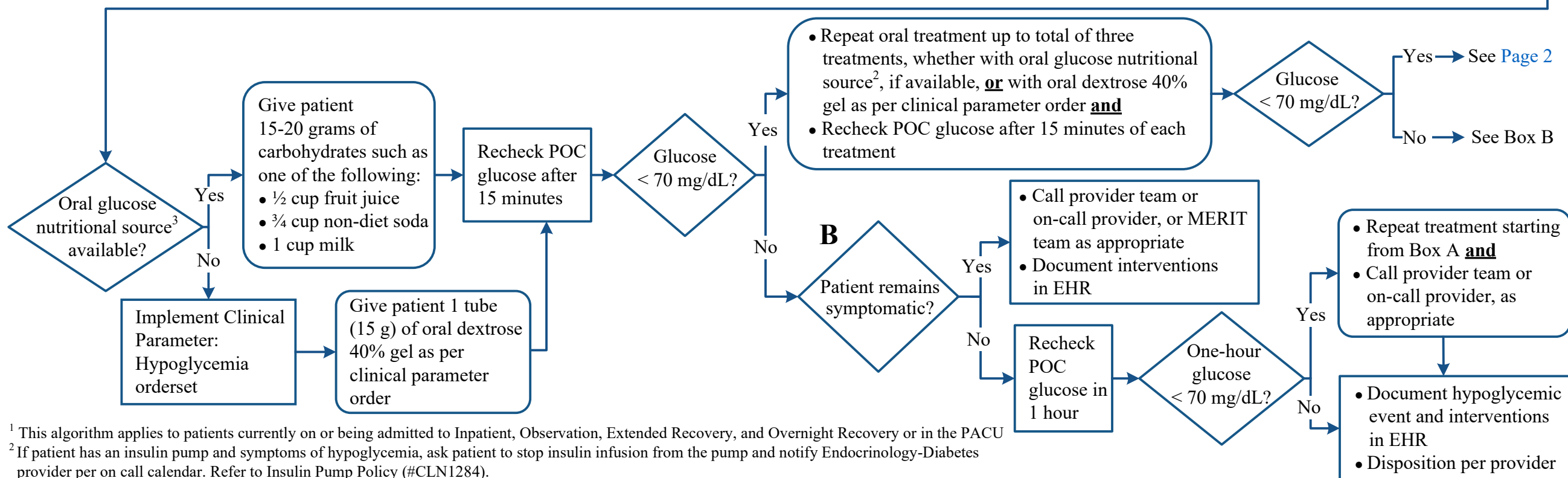
- Initiate Hypoglycemia Clinical Parameter order
- Call provider team or on-call provider, as appropriate

- If patient is symptomatic without hypoglycemia:
 - Call provider team or on-call provider, or MERIT team as appropriate
 - Document interventions in electronic health record (EHR)
- If patient is without symptoms **and** without hypoglycemia:
 - Resume insulin pump or IV insulin infusion as indicated
 - Document interventions in EHR

A Able to eat/drink by mouth?

Yes → See Page 2

No → See Page 2



¹ This algorithm applies to patients currently on or being admitted to Inpatient, Observation, Extended Recovery, and Overnight Recovery or in the PACU

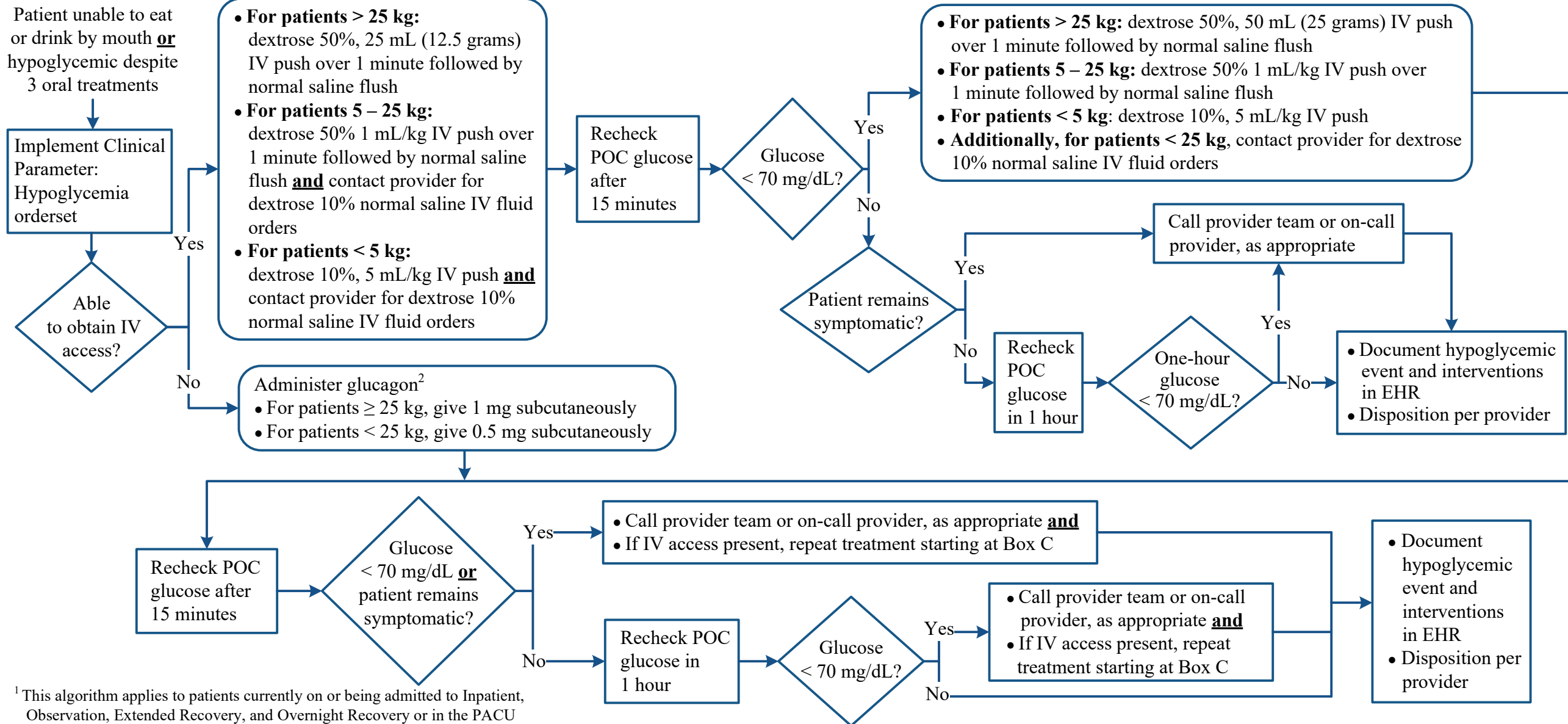
² If patient has an insulin pump and symptoms of hypoglycemia, ask patient to stop insulin infusion from the pump and notify Endocrinology-Diabetes provider per on call calendar. Refer to Insulin Pump Policy (#CLN1284).

³ Oral glucose nutritional source: juice, non-diet soda, milk

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² Note: • If glucagon is contraindicated, provider will indicate an alternate treatment plan
• In an emergency, satellite pharmacy will dispense glucagon without order

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SUGGESTED READINGS

American Diabetes Association. (2023). Standards of Care in Diabetes – 2023. *Diabetes Care*, 46(Suppl. 1), S105-106. doi:10.2337/dc23-S002

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McEuen, J. A., Gardner, K. P., Barnachea, D. F., Locke, C. L., Backhaus, B. R., & Hughes, S. K. (2010). Cultivating quality: An evidence-based protocol for managing hypoglycemia. *American Journal of Nursing*, 110(7), 40-45. doi:10.1097/01.NAJ.0000383933.45591.1c

MD Anderson Institutional Policy #CLN1284 – Insulin Pump Policy

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Tomky, D. (2005). Detection, prevention, and treatment of hypoglycemia in the hospital. *Diabetes Spectrum*, 18(1), 39-44. doi:10.2337/diaspect.18.1.39

Torres Roldan, V. D., Urtecho, M., Nayfeh, T., Firwana, M., Muthusamy, K., Hasan, B., ... Murad, M. H. (2023). A systematic review supporting the Endocrine Society Guidelines: Management of diabetes and high risk of hypoglycemia. *The Journal of Clinical Endocrinology & Metabolism*, 108(3), 592-603. doi:10.1210/clinem/dgac601

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DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of Hypoglycemia workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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