

Hypoglycaemia - AO

Principle

Hypoglycaemia can manifest as a variety of symptoms ranging from confusion, altered behaviour, and diaphoresis to unconsciousness and seizure. The appropriate management for hypoglycaemia is the least invasive therapy that increases blood glucose. Measure the BGL on all patients (particularly children) who have an altered conscious state or altered cerebral function, including trauma and seizures. The normal range for adults and children is usually > 3.5 mmol/L, and > 2.5 mmol/L for neonates.

Protocol

- Basic care and life support

All patients ≥ 2 yrs with BGL < 3.5 mmol/L

- If patient has adequate GCS to swallow the paste (a cough is a good indicator):
 - administer oral glucose up to 15 g
- 📄 Request clinical support as appropriate
- ☎ If oral glucose cannot be administered or is ineffective consult EOC clinician who may advise for patients:
 - ≥ 6 yrs (or ≥ 25 kg)
 - IM glucagon 1 mg
 - ≥ 2 yrs to < 6 yrs (or < 25 kg)
 - IM glucagon 0.5 mg
- ❓ If recovery occurs, consider offering complex carbohydrates to eat
- Provide transport and notify receiving facility

Paediatric patients < 2 yrs with BGL < 3.5 mmol/L

- ☎ Consult EOC Clinician who may advise:
 - oral glucose gel or
 - IM glucagon 0.5 mg
- 📄 Request clinical support
- Provide transport and notify receiving facility

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More Information

Version history

30 June 2021	4.1
Guideline released	
