DEFINITIONS:

Mild hypoglycemia = autonomic symptoms (trembling, palpitations, sweating, anxiety, hunger, nausea, tingling) and person has the ability to self-treat; generally BBGM 3.4 – 3.9 mmol/L.

Moderate hypoglycemia = autonomic and neuro-glycopenic symptoms (difficulty concentrating, confusion, weakness, drowsiness, vision changes, difficulty speaking, headache, dizziness, tiredness) and person has the ability to self-treat; generally BBGM < 3.4 mmol/L.

Severe hypoglycemia = person requires the assistance of another person and may be unconscious; generally BBGM < 2.8 mmol/L.

TREATMENT:

Mild to moderate hypoglycemia:
15 grams of carbohydrate (CHO) as glucose or sucrose tablets. Alternatives include 15-20 grams of glucose as glucose gel tube or 175 mL (3/4 cup) of juice or regular soft drink. Retest BBGM in 15 minutes and repeat treatment if BBGM remains < 4.0 mmol/L.

Severe hypoglycemic (conscious):
20 grams of carbohydrate (CHO) as glucose or sucrose tablets. Alternatives include 20 grams of glucose as glucose gel tube or 250 mL (1 cup) of juice or regular soft drink. Retest BBGM in 15 minutes and repeat treatment if BBGM remains < 4.0 mmol/L.

Severe hypoglycemia (unconscious):
25 g IV glucose, given as 50 mL of D50W, over 1 to 3 minutes or 1 mg glucagon IV or SC (if no IV access). Retest BBGM in 10 minutes and repeat treatment if BBGM remains < 4.0 mmol/L.

In all cases, once the hypoglycemia has been reversed, and to prevent repeated hypoglycemia, the person should have, in addition to the fast-acting treatment described above, their usual meal or snack. A snack (including 15 grams CHO and a protein source) is recommended if a meal is more than one hour away.

All cases of hypoglycemia should be documented. Repeated mild episodes or any severe hypoglycemic episode requires medical re-evaluation at the earliest possible opportunity.