

## SIX-MINUTE INTENSIVE TRAINING:

# Hypoglycaemia (hypo) low blood glucose level

Hypoglycaemia (also known as a low blood glucose level or a hypo) occurs when the level of glucose (sugar) in the blood drops below a certain point. This means the body does not have enough energy to work properly. For older people in residential care, this is usually below 6 mmol/L.

Hypoglycaemia is dangerous with potentially serious consequences. For this reason, each resident with diabetes should have a hypo risk assessment and an individualised hypo management plan.

Hypo risk increases with the use of insulin or sulphonylureas, irregular eating patterns, poor kidney function, or when residents cannot feel or report hypo symptoms.

### What causes low blood glucose levels (BGLs)?

- » Too much insulin or certain diabetes medication (for example sulphonylureas such as gliclazide also known as diamicon)
- » Delayed or missed a meal
- » Eating less carbohydrates than usual
- » Doing more activity than usual

### How might a resident look and feel with a low BGL?

A resident may not feel any of the early warning signs of a hypo, or communicate their symptoms. Hypo signs you may notice include:



sweating



appearing worried or afraid, confused or agitated



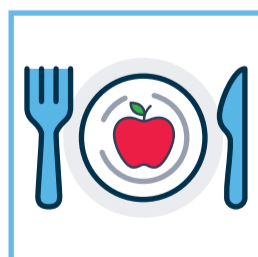
dizziness, weakness (it can look like a stroke)



fast heart rate



drowsiness



hunger

### How do I check if a resident has a low BGL?

- » Use a glucose meter to check the BGL. A reading of **less than 6.0 mmol/L** indicates a low blood glucose level.

### How do I respond when a resident has a low BGL?

#### Resident is conscious:

- » Do not leave the resident alone.
- » If BGL is **below 6.0 mmol/L**, treat with fast-acting carbohydrates (carbs), such as 1/2 glass (125 mL) fruit juice.
- » Recheck BGL after 15 minutes.
- » If BGL is **less than 6.0 mmol/L** after 15 minutes, repeat treatment with fast-acting carbs (1/2 glass (125 mL) fruit juice).
- » If BGL remains **between 4-6 mmol/L** after two treatments of fast-acting carbs, contact the treating doctor.
- » If BGL is **less than 4.0 mmol/L** after two treatments of fast-acting carbs, call an ambulance.
- » Continue to check BGLs as per the resident's diabetes management plan.
- » Once BGLs are **above 6.0 mmol/L**, the resident will need a snack or a meal of long-acting carbohydrates such as bread, pasta, potato (refer to the resident's diabetes management plan).

#### Resident has reduced level of consciousness, or cannot take treatment orally (choking risk):

- » This is a medical emergency. Call for an ambulance (dial 000) and explain that the person is unconscious and has diabetes.
- » Do not put anything into the resident's mouth.
- » They may require glucagon – follow the facility's policy.

### Next steps

- » Review the incident.
- » Talk to the resident's doctor about updating the resident's diabetes management plan (including the sick day management plan).

#### Read:

- » **Diabetes management in aged care: a practical handbook** – Chapter 7, Hypoglycaemia