



Hypoglycaemia (hypo) – low blood glucose

What is low blood glucose?

Low blood glucose, or '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. In an older person in residential care, this is usually 6.0mmol/L or below.

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 use of insulin or sulphonylurea, unpredictable or irregular eating patterns, poor kidney function, and where residents do not feel or are unable to report hypo symptoms.

What are the possible causes of hypoglycaemia?

- » too much insulin or diabetes medication (sulphonylureas e.g. gliclazide/Diamicron)
- » delayed or missed meal
- » eating less than usual carbohydrates in a meal.
- » more activity than usual

How might a resident look and feel with low blood glucose?

A resident may not feel any of the early warning signs of hypo. A resident may not be able to communicate their symptoms.



dizzy, weak (it can look like a stroke)



sweaty



feeling worried or afraid, increasing confusion or agitation



drowsy



fast heart rate



hungry

How do I check if a resident has low blood glucose?

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



How do I respond when a resident has low blood glucose?



Resident is conscious:

- » do not leave the resident alone
- » BGL below 6.0mmol/L treat with e.g. 4-5 jellybeans
- » recheck the blood glucose after 15 minutes
- » if still less than 6.0mmol/L then repeat quick acting glucose treatment
- » If BGL remains between 4-6mmol/L after two treatments, contact the treating doctor
- » if BGL is less than 4.0mmol/L after two treatments call an ambulance
- » continue to check BGLs more frequently for next 24 hours.



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

- » this is a medical emergency
- » call for help
- » do not put anything into the resident's mouth
- » may require glucagon – follow facility's policy.

Once above 6.0 mmol/L resident will need a snack or a meal of long-acting carbohydrates e.g. bread, pasta, potato (refer to resident's hypo management plan).

Next steps

- Review the incident.
- Update the resident's diabetes management plan.

Read:

- Diabetes management in aged care: a practical handbook – chapter 7, Hypoglycaemia