

Alternative Inpatient Hypoglycemia Treatment

Evelyn Scott, MSN, MPH

Pomona Valley Medical Center
Pomona, California
evelyn.scott@pvhmc.org

Objective:

High-quality hospital care for diabetes requires both hospital care delivery standards, often assured by structured order sets, and quality assurance standards for process improvement. A hypoglycemia prevention and management protocol should be adopted and implemented by each hospital or hospital system. This study was to evaluate an alternative hypoglycemia treatment protocol in the hospital setting.

Method:

Data for all hypoglycemia events-blood glucose via POCT less than 70mg/dL are entered into an event reporting system and time of recheck and treatment given was evaluated.

Result:

The results demonstrated treatment with the PVHMC adopted protocol, which includes 30gm for awake and alert patients and D50% when indicated and a recheck within 30mins was optimal over smaller treatment of 15gm and recheck within 15mins.

Conclusion:

A hypoglycemia prevention and management protocol should be adopted and implemented by each hospital or hospital system per the American Diabetes Association Standards. This study was to evaluate an alternative hypoglycemia treatment protocol in the hospital setting. Our results indicate, a protocol with 30gm for awake and alert patients and D50% when indicated and a recheck within 30mins is ideal.