

How to Order Hypoglycemia Treatment Medication utilizing the Hypoglycemia Treatment Protocol

- Determine the hypoglycemia treatment needed**, based on the patient's condition and medical history, including bariatric surgery.

Communication Orders

Initiate Hypoglycemia Protocol 07/06/16 13:01:15, If blood glucose < 70 or if patient experiencing signs/symptoms of hypoglycemia

Initiate Hypoglycemia Protocol

Notifications:

- This order is yet to be cosigned by the ordering physician.
- This order is yet to be reviewed by a nurse.
- Click to see the Reference Text Information.

Patient type	Blood glucose less than 50mg/dL in a VERBALLY RESPONSIVE patient	Blood glucose 50-69mg/dL in a VERBALLY RESPONSIVE patient	Blood glucose less than 70mg/dL in a VERBALLY NON-RESPONSIVE patient
18 years or older	<ul style="list-style-type: none"> Give one of the following: <ul style="list-style-type: none"> If taking PO: 8 oz. orange or apple juice (Do not give orange juice to renal patients) If NPO except medications or taking thickened liquids: 1 tube glucose gel PO If Strict NPO or unable to swallow: Dextrose 10% 250mL IV infused over 15 minutes & start D5W IV at 100mL/hr 	<ul style="list-style-type: none"> Give one of the following: <ul style="list-style-type: none"> If taking PO: 4 oz. orange or apple juice (Do not give orange juice to renal patients) If NPO except medications or taking thickened liquids: ½ tube glucose gel PO If Strict NPO or unable to swallow: Dextrose 10% 125mL IV infused over 15 minutes & start D5W IV at 100mL/hr 	<ul style="list-style-type: none"> If taking PO: 4 oz. orange or apple juice (Do not give orange juice to renal patients)
History of Bariatric Surgery: Patients who had bariatric surgery 3 months ago or greater	<ul style="list-style-type: none"> Give one of the following: <ul style="list-style-type: none"> If taking PO: 8 oz. lactose free milk (May repeat x 2) If NPO except medications or taking thickened liquids: ½ tube glucose gel PO (May repeat x 1) If Strict NPO or unable to swallow: Dextrose 10% 250mL IV infused over 15 minutes & start D5W IV at 100mL/hr 	<ul style="list-style-type: none"> Give one of the following: <ul style="list-style-type: none"> If taking PO: 8 oz. lactose free milk (May repeat x 2) If NPO except medications or taking thickened liquids: ½ tube glucose gel PO If Strict NPO or unable to swallow: Dextrose 10% 125mL IV infused over 15 minutes & start D5W IV at 100mL/hr 	Dextrose 10% 250mL IV infused over 15 minutes & start D5W at 100mL/hr
Post-op Bariatric Surgery: Patients immediate post-operative until 3 months after bariatric surgery	Dextrose 10% 250mL IV infused over 15 minutes & start D5W IV at 100mL/hr	Dextrose 10% 125mL IV infused over 15 minutes & start D5W IV at 100mL/hr	
DO NOT GIVE POST-OP BARIATRIC SURGERY PATIENTS JUICE OR GLUCOSE GEL			
Unable to swallow and NO IV access	Give Glucagon 1mg IM (1 time only and DO NOT REPEAT)		

The Hypoglycemia Treatment Protocol can be accessed through a [hyperlink](#) located in:

- Reference Text of the order **"Initiate Hypoglycemia Protocol"**
- Flowsheet – Frequent Documentation, Glycemic Control
- Caredex
- PowerPlan

- Use the Hypoglycemia Treatment PowerPlan**
Order a one-time med under the **physician name that they are notifying.**

Menu
Orders **+ Add**

HYPOGLYCEMIA, JEN
MRN#:3378207 FIN#:3474831

Search: hypoglycemia

Folder: **Hypoglycemia Treatment**

Ordering Physician: Hypoglycemia Treatment
***Physician name**
Gumsey MD, Zachariah

*Order Date/Time
10/27/2016 0746

*Communication type
Telephone
Verbal
Written w/ Physician Signature

OK Cancel

- Select the medication from the PowerPlan**
 - Choose the medication
 - Click "Orders For Signature"
 - Click "Sign" to finalize the order

Hypoglycemia Treatment (Initiated Pending)

Medications

<input type="checkbox"/>	<input checked="" type="checkbox"/>	glucose (glucose oral liquid)	15 gm, Liquid, PO, ONE-TIME
<input type="checkbox"/>	<input checked="" type="checkbox"/>	glucose (glucose oral liquid)	30 gm, Liquid, PO, ONE-TIME
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dextrose 10% in Water (Dextrose 10% IVPB)	125 mL, IVPB, ONE-TIME
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dextrose 10% in Water (Dextrose 10% IVPB)	250 mL, IVPB, ONE-TIME
<input type="checkbox"/>	<input checked="" type="checkbox"/>	glucagon	1 mg, Inj, IM, ONE-TIME
Continuous Infusion Medications			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dextrose 5% in Water	IV, Rate = 100 mL/Hour(s)

Details

Orders For Nurse Review Save as My Favorite **Orders For Signature** **Sign**

- Use BBMA to give the medication**
It will not be verified by pharmacy, but will be on eMAR.