



CHECK BLOOD GLUCOSE LEVEL

(a) BGL < 4 mMol/l		
ICP	If symptomatic, but conscious and laryngeal reflexes intact: oral glucose (via gel or food)	AP
ICP	If decreased LOC: glucose 10% IV (repeat once if required)	AP
ICP	If no IV access available, glucagon IM	AP
	Consider the cause of the hypoglycaemia (e.g. infection, seizure, insulin overdose, etc.) as this may necessitate medical review	
ICP	Ensure oral intake of carbohydrate if patient is not transported	AP
NOTE: recovery may be slow if hypoglycaemia has been prolonged or severe		

(b) BGL > 15 mMol/l		
ICP	Fluid replacement, as per CMG 14	AP
ICP	If shocked and hypotensive: IV fluid resuscitation (as per CMG 14)	AP

SPECIAL NOTE: INSULIN PUMPS

The use of subcutaneous insulin pumps is gaining popularity in Australia.

In the event of hypoglycaemia, consider suspending administration *if the patient or a carer on scene is able to assist in doing so*. If there is no assistance on scene, **do not** attempt to alter settings.

Whether suspended or not, **DO NOT** remove the pump – transport with pump in situ. No special management is required as long as the pump and infusion site are protected.