

BROWN EMERGENCY MEDICINE CDU HYPOGLYCEMIA TREATMENT PATHWAY

Purpose: To efficiently and safely manage patients who presented with hypoglycemia and require observation beyond standard emergency department care.

Inclusion Criteria

- Hypoglycemia, now corrected
- History of Diabetes
- Precipitating factors addressed

CDU Exclusion Criteria:

- Vital Signs:
 - Temperature > 100.4 F
 - Systolic Blood Pressure <90 mmHg
 - Persistent tachycardia, HR >110
 - RR>30
 - Pulse Oximetry < 92% on room air
- Suspicion of significant infection
- Chronic liver failure or transplant list
- Altered mental status after hypoglycemia corrected
- Need for more frequent than q2 hour glucose checks
- Dextrose infusion required to maintain euglycemia
- Intentional overdose of hypoglycemic agents
- Concurrent medical problem requiring admission
- Any condition found on the “CDU Universal Exclusion Criteria” list
- Requiring more assistance for ADLs than the CDU is capable of safely providing (one assist/patient for units with 5:1 maximum staff:patient ratio and no assists for units with >5:1 maximum staff:patient ratio)
- Unlikely discharge within 48 hrs. (ED attending discretion)

Last Update: 12/18/22, EEG

HYPOGLYCEMIA CDU MANAGEMENT PATHWAY

Pre-observation unit evaluation should include:

1. CBC
2. Chem 7
3. UA

CDU interventions may include:

1. Serial finger stick glucose checks, every 2-4 hours
2. Glucose supplementation for hypoglycemia
3. Serial vital signs
4. PO Intake
5. Medication adjustment, hold all hypoglycemic agents while under observation

Indications for hospital admission while under CDU observation:

1. Persistent hypoglycemia (BS<80)
2. Clinical deterioration
3. Change in mental status or neurologic exam not resolved with glucose administration

Discharge Planning:

1. Stable at 24 hours after last dose of oral hypoglycemic agent
2. Tolerate PO
3. Primary Care follow-up as per provider discretion