

Hypoglycaemia – in the Emergency Department and Acute Assessment Units

Admit, observe or discharge? – follow steps 1 to 3 below:

Step 1: Confirm hypoglycaemia treatment is completed, there is return to cognitive baseline and glucometer reading has remained above 4 mmol/l, with no downward trend, for 2 hours after treatment

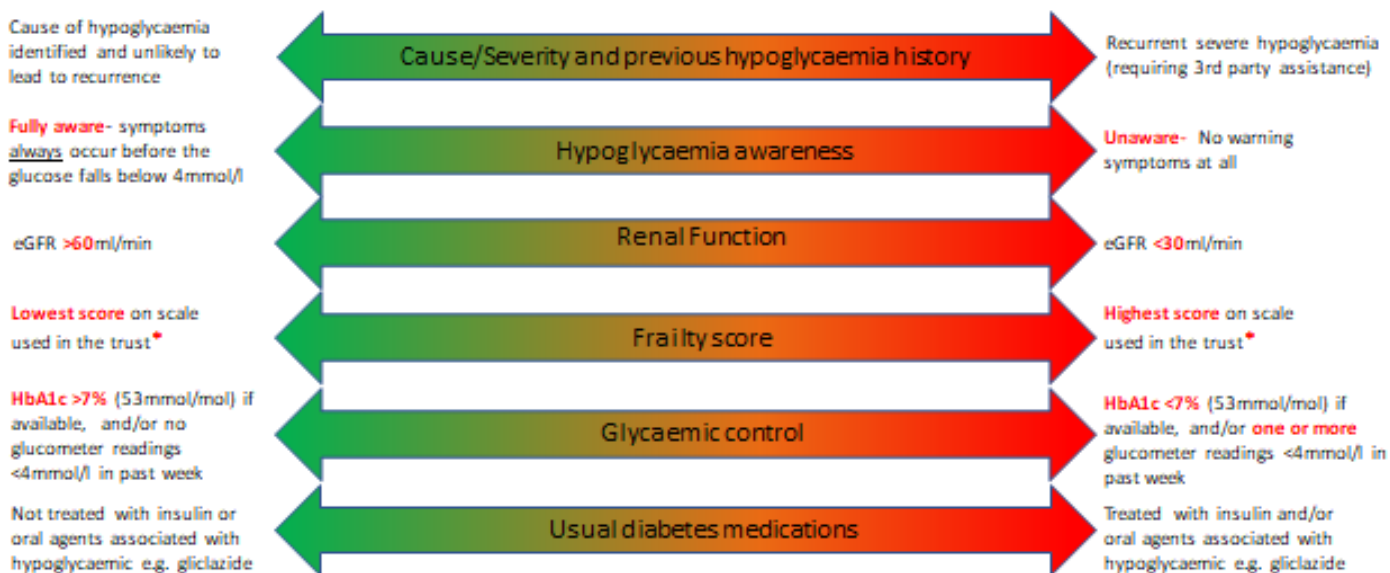
Step 2: Consider whether there needs to an education review/discussion between the patient and the specialist diabetes team (Table 1) either whilst the patients is still in ED or whether this can be urgent next day/next working day review

Table 1. People where a discussion with the diabetes team is recommended before discharge:

- Pregnant women
- CSII / personal insulin pump users
- People in the Red risk category (see below) and not requiring admission for another reason

Step 3: Use the hypoglycaemia decision support tool below together with the criteria for safe discharge (Table 2) to make a decision whether to **admit, observe or discharge**.

Hypoglycaemia decision support tool



* Not all trusts use the same system to assess frailty

After full recovery use the above to determine risk of further hypoglycaemia and therefore need for admission or prolonged observation. Other risk factors include: dementia, cognitive impairment, poor oral intake, learning disability, lives in a care home setting or relies on 3rd party carer, long duration of diabetes, low BMI, advancing age > 80yrs, self-management skills deteriorating, disordered eating

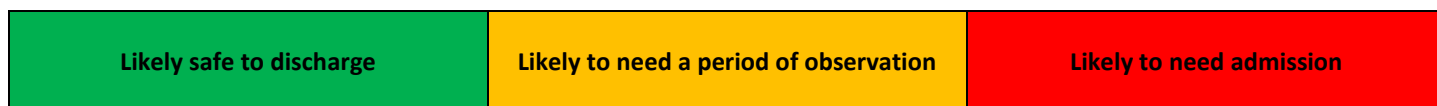


Table 2. Criteria for safe discharge:

- Clinically well and eaten a meal with long-acting CHO (eg, toast, sandwich, cereal, hot meal with starchy food)
- Glucometer reading between 6 -15mmol/l with no further hypos or downward trend in previous 2 hours
- Can understands how to monitor diabetes, prevent and treat hypoglycaemia (patient and/or carer)
- Reliable follow-up plan in place (including contact within 48 hrs) – according to local hypoglycaemia pathway

NOTE: Any patients admitted to an assessment ward or for a period of observation should be referred for specialist diabetes team review according to local pathways.