

Hypoglycaemia Treatment and Monitoring Flow Sheet

Patient Details (Sticker) Name _____ DOB _____ NHS number _____ Hospital number _____	Date of Admission: Time seen by HCP hh:mm ____:____ Designation of HCP: (e.g., Doctor, ACP, PA, nurse etc.) Name: _____ Signature: _____
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Diabetes Type *Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> *Ketosis prone T2DM <input type="checkbox"/> *Diabetes secondary to total pancreatic damage or removal <input type="checkbox"/> Other: please state _____	NEVER OMIT INSULIN in type 1- there is a risk of precipitating DKA
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Acute Hypoglycaemia Treatment- In the community (e.g., ambulance) - to be documented by ambulance or admitting staff

IV Glucose _____% _____ volume mls	Time given hh:mm ____:____
IM Glucagon Dose _____ mg	Time given hh:mm ____:____
Oral glucose type _____	Time given hh:mm ____:____

Acute Hypoglycaemia Treatment in the ED/SDEC/AMU

IV Glucose _____% _____ volume mls	Time given hh:mm ____:____
IM Glucagon Dose _____ mg	Time given hh:mm ____:____
Oral glucose type _____	Time given hh:mm ____:____

Monitoring of response to treatment of Acute Hypoglycaemia by ambulance or ED/SDEC/AMU staff			
Monitor for at least 30 minutes	hh:mm	Glucose mmol/L	Additional Actions/Comments e.g 2 nd round of IV glucose or patient status
Time 0 - First measurement	____:____		
Subsequent measurement ideally at +15 min	____:____		
Subsequent measurement ideally at +30 min	____:____		
	____:____		

To be used if further rescue treatment required

IV Glucose _____% _____ volume mls	Time given hh:mm ____:____
IM Glucagon Dose _____ mg	Time given hh:mm ____:____
Oral glucose type _____	Time given hh:mm ____:____

Monitoring Post recovery
 When able to eat give longer acting carbohydrate e.g. cereal/biscuits/toast/yogurt and record time ____:____

Conscious level (Circle)	Time when BG > 4.0	hh:mm	Glucose mmol/L	Additional Actions/Comments
A V P U	Time when BG > 4.0	____:____		
A V P U	Ideally at 30 min	____:____		
A V P U	Ideally at 60 min	____:____		
A V P U	Ideally at 120 min	____:____		
For additional Glucose readings if required		____:____		
		____:____		
If kept for observation Time admitted		____:____		
For additional Glucose readings if required		____:____		
		____:____		
		____:____		
		____:____		