

### Physician Orders PEDIATRIC: LEB Hypoglycemia Protocol Plan

LEB Hyp	oglycemia	<b>Protocol</b>	Plan
Nursing	Communic	ation	

✓ Nursing Communication

T:N. See Comments

Comments: If patient's symptoms DO NOT clear within 30 minutes, their condition worsens or patient refuses snack, notify physician immediately and call MRT if necessary.

✓ Nursing Communication

T:N. See Comments

Comments: If blood glucose is 70-80mg/dL and patient is ASYMPTOMATIC please give patient their meal tray

✓ Nursing Communication

T;N, See Comments

Comments: IF blood glucose is less than 70mg/dl promptly provide the following treatment:

- \* Do not wait for lab verification even if patient is asymptomatic:
- 1. Provide 4 oz. orange juice or regular soda
- 2. Repeat blood glucose check in 15 minutes
- 3. Once above 70mg/dL and asymptomatic give patient their meal tray.
- 4. If age 6 or younger, dose insulin after meal; if age 7 or older, dose insulin before the meal
- 5. Once blood sugar is greater than 70mg/dL and not symptomatic and it is MORE than 1 hour before the next meal or snack, give 15 grams of carbohydrate with protein/fat based on weight of patient:
- A. LESS than 20kg body weight: Give 1 square of graham crackers (0.25oz) plus 1 packet peanut butter (0.75oz) OR give 1/2 package of Teddy Grahams (0.25oz) plus 1 packet peanut butter (0.75oz) OR 1/2 carton (4oz) of 2% milk.
- B. MORE than 20kg body weight: Give 1 package of graham crackers (0.5oz) plus 1 packet peanut butter (0.75oz) OR 1 package Teddy Grahams (0.5oz) plus 1 packet peanut butter (0.75oz) OR 1 carton (8oz) of 2% milk.
- ✓ Nursing Communication

T;N, See Comments

Comments: If the child is unresponsive, seizing or cannot swallow:

- 1. Test blood glucose
- 2. Administer D10% at a dose of 2-5mL/kg (0.2 to 0.5 grams/kg); if there is IV access and a physician is readily available
- 3. If IV access is unattainable or a physician is not readily available administer Glucagon as follows: A. LESS than 20kg body weight: give 0.5mg glucagon IM or SQ
- B. MORE than 20kg body weight: give 1mg glucagon IM or SQ

#### **Continuous Infusion**

NOTE: Choose appropriate Dextrose 10% Bolus from the following:(NOTE)\*

Dextrose 10% in Water (Bolus)

2 mL/kg, Injection, IV, prn, PRN Other, specify in Comment, STAT (DEF)\*
Comments: If the child is unresponsive, seizing or cannot swallow:





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- 1. Test blood glucose
- 2. Administer D10% at a dose of 2 mL/kg (0.2 grams/kg); if there is IV access and a physician is readily available

5 mL/kg, Injection, IV, prn, PRN Other, specify in Comment, STAT

Comments: If the child is unresponsive, seizing or cannot swallow:

1. Test blood glucose

2. Administer D10% at a dose of 5mL/kg (0.5 grams/kg); if there is IV access and a physician is readily available

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	is readily available						
Medic	cations						
	Patient with body weight LESS than 20kg	g, order the following glucagor	n dose:(NOTE)*				
	glucagon						
	0.5 mg, Injection, IM, prn, PRN physician not readily available (D		STAT, Give IM or SQ if no IV access or				
		s unresponsive, seizing or car	anot swallow:				
	1. Test blood glucose	s unresponsive, seizing or car	mot swanow.				
		ainable or a physician is not re	eadily available administer Glucagon as				
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	access or physician not readily a		common, criti, cive in or eq ii ne i				
		s unresponsive, seizing or car	nnot swallow				
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	follows: LESS than 20kg body weight: give 0.5mg glucagon IM or SQ						
	Patient with body weight MORE than 20k						
	glucagon	9, 1 1 1 1 1 1 1 9 9 1 1 1 9	,				
_	1 mg, Injection, IM, prn, PRN Other, specify in Comment, STAT, Give IM or SQ if no IV access or						
	physician not readily available (E		, ii, dita iii di da ii iid ii addad ai				
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		nable or a physician is not rea	adily available administer Glucagon as				
		Okg body weight: give 1mg gl					
	1 mg, Injection, Subcutaneous, prn, PRN Other, specify in Comment, STAT, Give IM or SQ if no IV						
	access or physician not readily a	available					
	Comments: If the child is	s unresponsive, seizing or car	nnot swallow:				
	1. Test blood glucose						
	2. If IV access is unattainable or a physician is not readily available administer Glucagon as						
	follows: MORE than 20	0kg body weight: give 1mg glu	cagon IM or SQ				
Date	Time	Physician's Signature	MD Number				
LEB END	OO Hypoglycemia Protocol Plan 42508 PP QM0110 Rev1108	816 Page 2 of 3					
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## \*Report Legend:

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

