**Physician Orders**

**Order Set: Hypoglycemia Protocol Orders**

- **Height:** ___________ cm  
- **Weight:** ___________ kg

**Allergies:**
- [ ] No known allergies
- [ ] Medication allergy(s):
- [ ] Latex allergy   
- [ ] Other:

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### Hypoglycemia Protocol

- **[X]** **Hypoglycemia Protocol Initiate** T:N
- **[X]** **Whole Blood Glucose Nsg** T:N, Stat, PRN
- **[X]** **Nursing Communication** T:N, If patient responsive and blood glucose less than 60 mg/dL or "LO":
  A. Give 1/2 cup fruit juice without sugar or 4 oz 2% milk AND if symptoms occur prior to mealtime, allow patient to eat without delay.
  B. If a "LO" reading is present, do NOT delay treatment! Repeat patient testing to verify that value is not due to operator error. If still "LO", send specimen to the lab for confirmation.
  C. If symptoms are still present after 15 minutes, recheck blood glucose.
  D. Repeat treatment until blood glucose greater than 80 mg/dL or symptoms relieved.

- **[X]** **Nursing Communication** T:N, If patient unresponsive and blood glucose less than 60 mg/dL or "LO":
  A. If IV present, give 50 mL D50W IV once. If no IV present, give 1 mg glucagon SQ once.
  B. If a "LO" reading is present, do NOT delay treatment! Repeat patient testing to verify that value is not due to operator error. If still "LO", send specimen to the lab for confirmation.
  C. Recheck blood glucose 5 minutes after D50W and/or 20 minutes after glucagon.
  D. If patient responsive after A,B,C; Complete 1,2 and 3. If patient UNresponsive after A,B,C; Complete 4,5 and 6.
    1. Give patient 8 oz 2% milk and 1 bread exchange.
    2. Recheck blood glucose after 15 minutes.
    3. Repeat oral treatment until blood glucose greater than 80 mg/dL.
    4. If UNresponsive: Draw stat lab blood glucose then:
       5. Give 50 mL D50W IV- repeat x1 if blood glucose less than 80 mg/dL or patient symptomatic. Do not wait for lab results.
       6. Notify MD for further orders.

- **[X]** **Dextrose 50% in water Syringe** 50 mL, Injection, IV Push, T:N, PRN Other: specify ______________, If patient unresponsive and blood glucose less than 60 mg/dL or "LO"

- **[X]** **glucagon** 1 mg, Injection, Subcutaneous, T:N, PRN Other: specify ______________ , Routine, T:N, If IV not present and patient unresponsive and blood glucose less than 60 mg/dL.

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**Date** ___________  
**Time** ___________  
**Physician’s Signature** ___________  
**MD Number** ___________