Appendix B: Treatment of Hypoglycemia in Diabetes

Severity	Definition	Initial Treatment	Follow-up
Mild	Autonomic symptoms present. Individual able to self-treat.	Oral ingestion of 15 g of carbohydrate, preferably as glucose or sucrose tablets or solution: • 15 g glucose as glucose tablets.	Once the hypoglycemia has been reversed, the person should have the usual meal or snack that is due at that time of the day to prevent repeated hypoglycemia. If a meal is >1 hour away, a snack (including 15 g carbohydrate and a protein source) should be consumed.
Moderate	Autonomic and neuroglycopenic symptoms present. Individual able to self-treat.	• 15 mL (3 teaspoons) or 3 packets of table sugar (sucrose) dissolved in water. • 150 ml (3/4 cup) of juice or regular soft drink. • 6 LifeSavers (1 = 2.5 g carbohydrate) • 15 mL (1 tablespoon) honey • Following initial treatment, retest blood glucose (BG) in 15 minutes and re-treat with another 15 g carbohydrate if the BG level remains <4.0 mmol/L.	

Severe	Individual requires assistance. Unconsciousness may occur. Plasma glucose (PG) typically < 2.8 mmol/L.	• Conscious: Oral ingestion of 20g carbohydrate, preferably glucose tablets.
		• Retest blood glucose (BG) in 15 minutes and re-treat with another 15 g carbohydrate if the BG level remains <4.0 mmol/L.
		
		• Unconscious:
		  • Seek emergency assistance
		  • 1 mg glucagon subcutaneously or intramuscularly or 3 mg intranasally.
		  • Discuss with the diabetes healthcare team as soon as possible.
			Discuss episode with the diabetes healthcare team as soon as possible.
			
			Individuals (as well as their families and caregivers) at high risk of severe hypoglycemia should be taught to administer glucagon.

People on Acarbose (GlucoBay™)		• Glucose (dextrose) or if unavailable honey or milk • Avoid table sugar (sucrose)	