



Emergency care plan for a Hypoglycemic episode for a patient with Hyperinsulinism

This patient has _____ and is prone to hypoglycemia.

The patient must be triaged **Immediately** because of the potential for low blood glucose levels that can result in seizures or coma and be life threatening.

During the waiting period, please make sure the parents have supplies to check blood glucose. Have family notify R.N. if blood glucose is < 3.5 mmol/L.

Signs of hypoglycemia could include:

In the younger child - tremors, irritability, feeding difficulties, poor breathing/colour, listlessness and seizures

In the older child – tremors, hunger, tachycardia, cool/clammy skin, weakness, headache, lethargy, anxiety, confusion and seizures

Treatment to maintain blood glucose should be initiated as follows:

IV/IO BOLUS	IV/IO BOLUS
D10W : 5-10 ml/kg	D25W : 2-4 ml/kg

Follow bolus with D10NS (or other appropriate glucose-containing fluid) at maintenance to maintain blood glucose until able to tolerate full PO and able to resume all home medications.

Blood glucose checks q1hour until stable and then monitoring can be extended, but not to more than q4 hours.

If required, call the Sick Kids Endocrine doctor on call @ 416-813-7500 for clarification/advice.

Weight _____ Height _____ as of _____

Diazoxide dose @ home _____ Hydrochlorothiazide dose @ home _____

Octreotide dose @ home _____ Hydrocortisone dose @ home _____