TREATMENT OF HYPOGLYCAEMIA IN THOSE WITH IMPAIRED SWALLOW AND WITH NGT IN SITU

INPATIENT DIABETES TRAINING & SUPPORT

Any capillary blood glucose less than 4.0 mmol/l should be treated (see table below) and the patients prescribed treatment reviewed.

In a patient who requires enteral feeding following stroke there may be specific risk factors for the development of hypoglycaemia (e.g., feed stopped to give medication, feed stopped for physiotherapy/ procedure, vomiting, misplacement or removal of NGT, insulin and oral medication not given at appropriate time for feed, reduced carbohydrate intake as feed volume reduced, alteration of type of feed, or timing of feed, change in time or duration of rest period, hypoglycaemia in the previous 24 hours, Increased physical activity (e.g. during physiotherapy input), use of steroids – titration, omission or cessation etc.)

❶ If patient has blood glucose less than 4 mmol/l give one of the following treatments:

If patient has no IV access give via NGT ONE of the following;

a. 2 Glucogel tubes - not for use with fine bore NGT
b. 110 – 140 ml Fortijuce® (NOT Fortisip®) to give 15-20 g carbohydrate
c. Re-start feed to rapidly deliver 15 – 20 g carbohydrate

Follow these treatments by FLUSHING THE NGT WITH WATER.

Alternatively:

- Give IM Glucagon injection (providing no severe hepatic disease or repeated hypos)

If severe or recurrent hypoglycaemia and patient has IV access give 10% glucose at 100 ml/hour

After 10 - 15 minutes re-check capillary blood glucose.

If capillary blood glucose level less than 4 mmol/l inform doctor, give another dose of treatment (see options above) then re-check blood glucose 10 minutes later.

If blood glucose still less than 4 mmol/l bleep a doctor, and if not already done so ensure IV access and start IV 10% glucose at 100 ml/hour, increasing IV volume given if necessary, according to patient response.

When blood glucose level greater than 4 mmol/l and the patient has recovered, give a long-acting carbohydrate.

Some examples are

a. Restart feed
b. If bolus feeding, give additional bolus feed (read nutritional information and calculate amount required to give 15-20 g carbohydrate)
c. IV 10% gluose at 100 ml/hour. Volume should be determined by clinical circumstances.

DO NOT OMIT INSULIN INJECTION IF DUE IN TYPE 1 DIABETES although dose alteration may be required. Review the insulin regimen and the insulin dose administered prior to the hypoglycaemic event.

- Document event in patients notes
- Ensure at least 4-6 hourly capillary blood glucose monitoring continued for next 24 – 48 hours
- Involve DISN /Diabetes team in the event of hypos/recurrent hypos.

For full guidance please see the link below
https://abcd.care/sites/abcd.care/files/resources/JBDS_IP_Enteral_Feeding_Stroke.pdf