



THE HOSPITAL FOR SICK CHILDREN

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:

|                    |                    |
|--------------------|--------------------|
| <b>IV/IO BOLUS</b> | <b>IV/IO BOLUS</b> |
| 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 \_\_\_\_\_