bcdiabetes.ca
Patient Care + Research + Clinical Trials

Dr. Tom Elliott MBBS, FRCPC
Medical Director

400 - 210 W Broadway
Vancouver, BC
V5Y 3W2, Canada

phone: 604.628.7253
fax: 604.398.2371
email: research@bcdiabetes.ca

Treatment of hypoglycemia (low sugar)

Immediate treatment of hypoglycemia

If you have hypoglycemia symptoms such as shaking, sweating, palpitations or somebody notices changes in your behavior or level consciousness (ideally confirmed by finger poke or CGM) you should do the following:

Eat or drink 15 to 20 grams of fast-acting starch/carbs: this is equivalent to ⅔ cup of sugary fruit juice or non-diet soda, 1½ pieces of bread, 4 glucose tabs or 4 candies. Recheck blood sugar levels 15 minutes after treatment. If blood sugar levels are still under 4.0 mmol/L), eat or drink another 15 to 20 grams of fast-acting carbohydrate, and recheck your blood sugar level again in 15 minutes. Repeat these steps until the blood sugar is above 4.0.

or

Take glucagon (Baqsimi) intra-nasally

Preventing further hypoglycemia

Hypoglycemia is caused by too much insulin.
This is usually injected insulin.

If the low sugar occurs within 2-3 hours of receiving a shot of rapid insulin (insulin regular, lispro, aspart, glulisine) the likely culprit is too much rapid insulin.

If the low sugar occurs in the fasting state or more than 4 hours after a shot of rapid insulin, the likely culprit is too much basal (long-acting) insulin (glargine, detemir, degludec, NPH).

The culprit dose of insulin should be immediately decreased by a minimum of 20%.

Oral diabetes medication such as glyburide, gliclazide & glimepiride may cause release of excessive insulin from the body. The treatment is to discontinue the culprit oral medication.

Helping other people with hypoglycemia

If you're helping someone who is unconscious, don't try to give the person food or drink. If there's no glucagon kit available or you don't know how to use it, call for emergency medical help - they will start an intravenous with glucose (dextrose).