

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care.

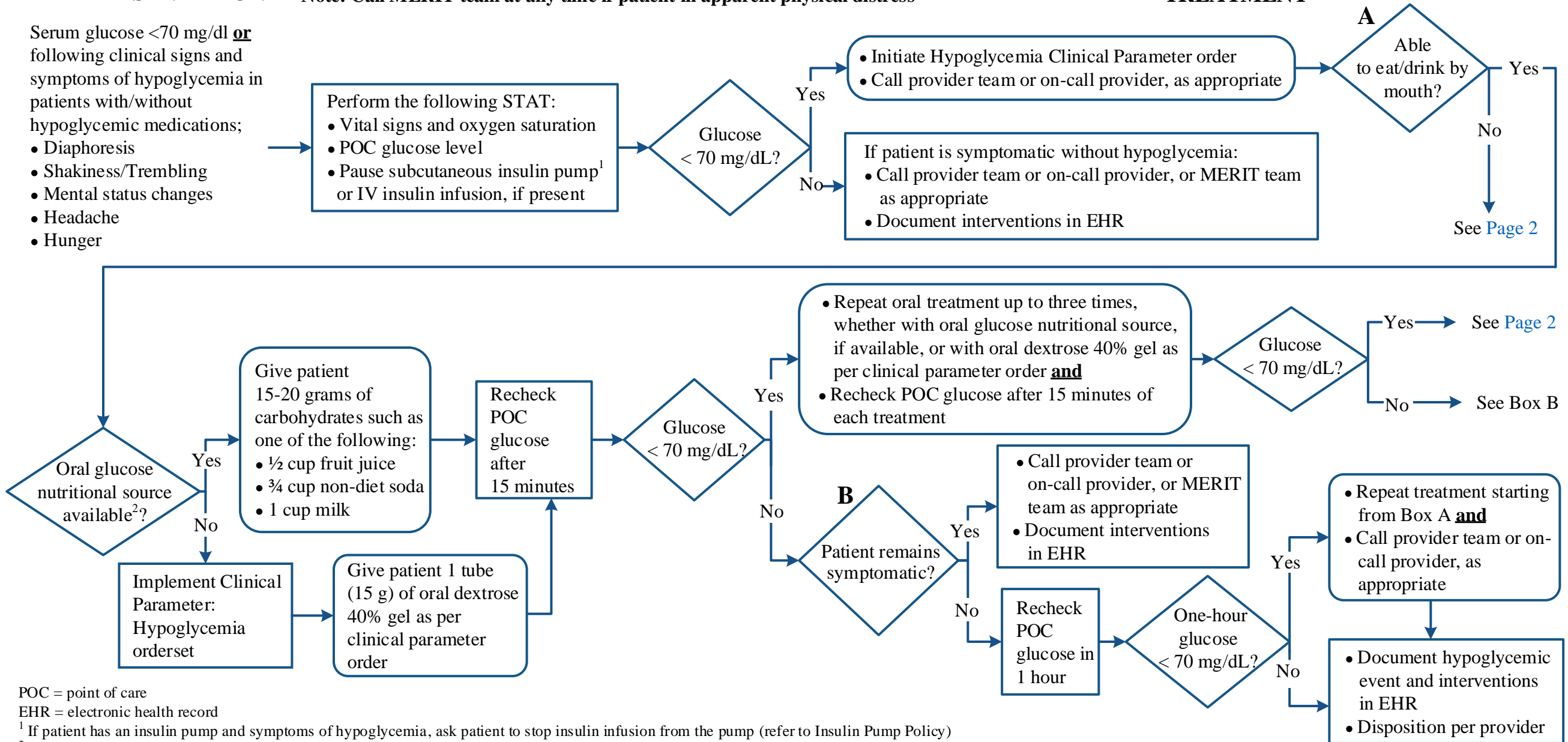
## PRESENTATION

Serum glucose <70 mg/dl or following clinical signs and symptoms of hypoglycemia in patients with/without hypoglycemic medications;

- Diaphoresis
- Shakiness/Trembling
- Mental status changes
- Headache
- Hunger

**Note: Call MERIT team at any time if patient in apparent physical distress**

## TREATMENT



POC = point of care

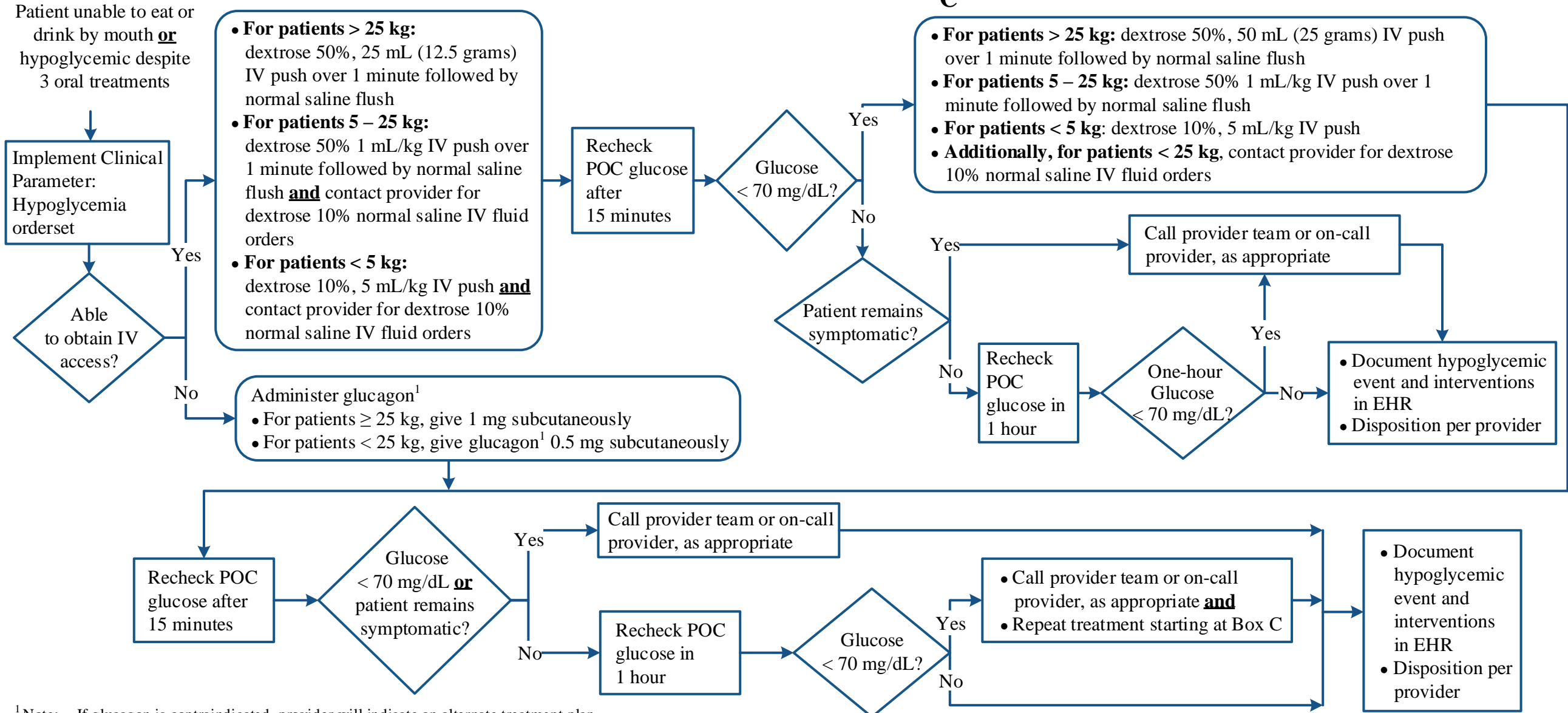
EHR = electronic health record

<sup>1</sup> If patient has an insulin pump and symptoms of hypoglycemia, ask patient to stop insulin infusion from the pump (refer to Insulin Pump Policy)

<sup>2</sup> Oral glucose nutritional source: juice, non-diet soda, milk

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**Note: Call MERIT team at any time if patient in apparent physical distress**



<sup>1</sup>Note: • If glucagon is contraindicated, provider will indicate an alternate treatment plan  
 • In an emergency, satellite pharmacy will dispense glucagon without order

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## SUGGESTED READINGS

- American Diabetes Association. (2020). Standards of medical care in diabetes – 2020 abridged for primary care providers. *Clinical Diabetes*. 38(1). 10-38. doi:10.2337/cd20-as01
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- Society of Hospital Medicine Glycemic Control Task Force. (2015). Workbook for Improvement: Improving Glycemic Control, Preventing Hypoglycemia, and Optimizing Care of the Inpatient with Hyperglycemia and Diabetes. Retrieved from [http://tools.hospitalmedicine.org/resource\\_rooms/imp\\_guides/GC/GC\\_Workbook.pdf](http://tools.hospitalmedicine.org/resource_rooms/imp_guides/GC/GC_Workbook.pdf)
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## DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority expert opinion of Hypoglycemia work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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