

How can you reduce the risk of Hypoglycaemia (Hypo)?

- Test your blood glucose levels regularly.
- Be aware of signs and symptoms of Hypoglycaemia.
- Do not delay your meal once you have administered your insulin.
- Always carry your Glucometer and hypo treatment — take with you 15g of fast acting carbohydrate. For example, 170mls Lucozade Original, or 5 Glucose sweets.

Tips

- Do not exercise or do physical work after a severe hypoglycemic episode.
- Avoid alcohol
- If you drive, follow Road Safety Authority (RSA) guidelines for 'Diabetes and Driving',
- Reflect and try to identify the cause of the hypoglycemic episode.

Contact your Diabetes Clinic or your GP for further information and advice.



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An tOspidéal Náisiúnta Athshlánúcháin

Hypoglycaemia (Hypo)



**A Guide for Patients,
Family and Carers**



The National Rehabilitation Hospital is accredited by CARF (Commission for accreditation of Rehabilitation Facilities) for a range of services, confirming they meet recognized international standards

What is Hypo?

Hypo (Low Blood Glucose) is any blood glucose level less than 4mmol/l.

A mild hypoglycemic event is when your blood glucose level is below 4mmol/l and you are alert, you are able to recognise the hypo, and can swallow a hypo treatment.

A severe hypoglycemic event is one where you need assistance from another person.

Signs and Symptoms of Hypo

This list of signs and symptoms is not exhaustive, and all may not occur together. Hypoglycaemia can be asymptomatic but should still be treated.

- Sweating
- Trembling
- Palpitations
- Tiredness
- Headache
- Irritability
- Pallor (pale skin)
- Intense Hunger
- Double vision
- Difficulty in concentration
- Tingling of lips and tongue
- Slurring speech
- Unsteadiness and drowsiness
- Loss of consciousness and seizure
- Altered behaviour

Common Causes of Hypo

- Diet insulin mismatch
- Dose errors—taking too much insulin
- Eating less carbohydrate than planned at a meal, without making concurrent adjustment in insulin
- Delayed meal or snack without making a concurrent adjustment in insulin
- Reduced appetite without making a concurrent adjustment in insulin
- Prolonged starvation
- Extra unplanned activity
- Lipohypertrophy (lump or scar tissue) at injection site
- No or inadequate monitoring of blood glucose
- Large amount of alcohol.
- Blocked or displaced feeding tube
- Unexpected interruptions of Oral,



Treatment of Hypoglycaemia

- Take 15g of fast acting carbohydrate immediately, such as 170mls Lucozade Original, or 5 Glucose sweets.
- Re-check your blood glucose level 10 minutes after treatment.
- If your blood glucose level is still less than 4mmol/l, repeat taking 15g of fast-acting carbohydrate, such as 170mls of Lucozade Original, or 5 Glucose sweets.
- Re-check Blood glucose level 10 minutes after second treatment.
- When Blood glucose level is above 4.0mmol/l, treat with long-acting carbohydrate, for example, one slice of Bread; or one medium banana; or a glass of milk; or your next meal if due (your meal must contain carbohydrate).

