

**12 January 2018**

**Top Findings from Hypoglycemia Sub-committee,  
July to December 2017**

The following are the top findings from the Hypoglycemia Sub-committee in their evaluation of those cases of hypoglycemia with a finger stick glucose reading of 54 mg/dL or less.

1. Stop all oral hypoglycemic agents on admission. This is especially true for all sulfonylureas, stop them on admission. Glyburide has been found to be a leading contributor of hypoglycemia. Particularly with the elderly and those with renal impairment.

**Note:** On the Mental Health and Geri Psych Units, for those patients who are medically stable, the sulfonylureas can be cautiously added back to the patient's regiment.

2. Patients being admitted to the hospital with:
  - tight glycemic control (recent A1c < 7.7%)
  - poor oral intake or who are NPO
  - renal impairment

automatically need their insulin doses decreased by a minimum of 20%

**Note:** for those patients who have A1c in the < 7.7% range, and are conscientious in following a balanced diet, insulin may be added back if the insulin dose reduction results in hyperglycemia.

3. Patients being admitted with u-500 insulin as a home medication, need to be treated with extreme caution. u-500 insulin is a high risk medication.
4. As part of their hospitalization management, diabetic patients placed on steroids such as solu-medrol, need their insulin doses tapered down in tandem with the tapering of the steroids.