Hypoglycaemia Recognition and Response

Diabetes UK | JBDS Hypoglycaemia Guidelines (2022) | DVLA Assessing Fitness to Drive (2024)

ACTION: Call 999 Immediately

- ☐ Unconscious, cannot be roused, or having a seizure
- ☐ Unable to swallow safely: do not give anything by mouth
- ☐ No improvement after two rounds of oral carbohydrate
- ☐ If unconscious but breathing normally: recovery position. If not breathing normally: CPR.
- ☐ Glucagon (injectable or nasal powder): administer if available and carer is trained

Do not leave the patient alone. Stay with them until the ambulance arrives.

ACTION: Consider Same-Day Medical Review

- ☐ Sulfonylurea-induced episode: hypoglycaemia can recur hours after apparent recovery
- ☐ Glucose not above 4.0 mmol/L after two rounds of oral carbohydrate
- ☐ Episode while driving, operating machinery, or patient living alone
- ☐ Hypoglycaemia unawareness: no warning symptoms before episodes
- ☐ Recurrent hypoglycaemia without clear cause: requires review of diabetes management
- ☐ Declining kidney function: increases risk with insulin and sulfonylureas

High-risk patients: older adults, long-standing diabetes, cognitive impairment, CKD, previous severe episode, insulin or sulfonylurea therapy, or living alone.

SUGAR: Pharmacy Response Framework

S	**Symptoms present?**	Sweating, trembling, confusion, or unusual behaviour on insulin or sulfonylurea: act now. If glucose unavailable, treat as presumed hypoglycaemia.
U	**Unable to swallow or unconscious?**	Call 999. Do not give anything by mouth. Recovery position if breathing normally.
G	**Glucose below 4.0 mmol/L?**	Treat with 15-20g fast-acting carbohydrate if patient can swallow safely.
A	**Administer and recheck**	4-5 glucose tablets, 150-200ml fruit juice, or glucose gel. Recheck after 10-15 minutes.
R	**Recover and follow up**	Once above 4.0 mmol/L: 20g starchy snack. Do not leave alone until stable. Follow DVLA guidance before driving.

SELF-CARE: Mild Hypoglycaemia (Conscious, Can Swallow)

- ☐ 15-20g fast-acting carbohydrate: 4-5 glucose tablets, 150-200ml fruit juice, or glucose gel
- ☐ Recheck after 10-15 minutes. Repeat if still below 4.0 mmol/L
- ☐ Once above 4.0 mmol/L: 20g starchy carbohydrate (sandwich, two biscuits, or glass of milk)
- ☐ Do not leave alone until recovered and clinically stable
- ☐ Follow current DVLA guidance before returning to driving. Identify cause and plan prevention

Key reminders: 4 is the floor: glucose below 4.0 mmol/L on a glucose-lowering medicine generally requires treatment, even if the patient feels well. If glucose unavailable but symptoms are present on insulin or sulfonylurea: treat as presumed hypoglycaemia. Never give anything by mouth to an unconscious patient. Confusion or unusual behaviour on insulin or sulfonylurea: always suspect hypoglycaemia first.