

Key amendments to this guideline

Date	Amendment	Approved by:
20/05/2008	Guideline approved by	Medicines Safety Committee
July 2011	Flowchart updated and reference added	Emma Innes
06/07/2011	Guideline reviewed and Approved by Medicines Safety Committee	Medicines Safety Committee
June 2013	Guideline extended whilst under review	Emma Innes
15/10/2013	Guideline extended for 3 month period whilst under review	David Jenkins
21/03/2014	Give 2 x 100mls orange juice via enteral tube. If allergic to citrus fruit avoid using orange juice. Changed IV insulin scale to CVRIII	Susan Rogers
17/08/2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
24/08/2017	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
05/12/2017	Sentence added in at the request of the Coroner	
June 2018	Document extended for 3 months as per TLG recommendation	TLG
June 2019	Document extended for 6 months whilst review and approval process	Alison Hall
23/05/2020	Flowchart updated and reference added	Natalie Trigg
23/05/2020	Give 2 x 80mls orange juice either orally or via enteral tube. (previously 2x 100mls) If allergic to citrus fruit avoid using orange juice, consider using 45-60mls Fortijuice. Glucogel has been changed to Glucose Gel (due to brand of gel frequently changing) Hypo boxes kept in treatment room, not Resus trolley. IV management – 50mls 20% IV Glucose (kept in hypo box) Continue monitoring post hypo treatment until 1x CBG >7mmol/l	Natalie Trigg
01/09/2025	<ul style="list-style-type: none"> Guideline was amended to cover management of hypoglycaemia in people without a diagnosis of diabetes Change to monitoring after hypoglycaemia. The target blood glucose has increased, and number of tests performed reduced. Stop IV insulin in mild or moderate hypoglycaemia Updated information about IM glucagon injections and effectiveness in special circumstances Inclusion of targets in pregnancy Increase in recommended carbohydrate amounts after glucagon injection Instruction to not omit insulin after a hypo but seek guidance on adjusting the dose PGD changed to discretionary medicine policy Instruction to submit a datix for severe hypoglycaemia for DSN awareness and reporting to the NADIA harms audit. Some formatting changes to accommodate additional information 	Diabetes and Endocrine Directorate

WAHT-END-004

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
Page 3	Hypoglycaemia is treated correctly and appropriate action taken to reduce risk of further events.	Audit Target 100%	Spot checks when DSN reviews patient records	Diabetes Directorate	Diabetes Directorate	Annually

WAHT-END-004

It is the responsibility of every individual to check that this is the latest version/copy of this document.

REFERENCES

Joint British Diabetes Society 2023

[JBDS 01 The Hospital Management of Hypoglycaemia in Adults with Diabetes Mellitus | The Association of British Clinical Diabetologists](#)

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Dr Irfan Babar	Consultant Diabetologist
Bethan Knight	Clinical pharmacist
Alison Hall	Lead Nurse Diabetes

Circulated to the following individuals for comments

Name	Designation
Dr M Salam	Consultant Diabetologist
Dr R Bhaskar	Consultant Diabetologist
Dr A Khalil	Consultant Diabetologist
Dr M Babar	Consultant Diabetologist
Alison Hall	Diabetes Specialist Nurse
Bethan Knight	Specialist Pharmacist – Diabetes
Marie Norton	Senior Diabetes Specialist Nurse
Jessica Stokes	Senior Diabetes Specialist Nurse
Julie Reeley	Senior Diabetes Specialist Nurse
Sarah Stroud	Diabetes Specialist Nurse
Julie Udall	Diabetes Specialist Nurse

Name	Committee / group
Dr Irfan Babar	Diabetes and Endocrinology Business Meeting
Dr David Raven	Medicine Divisional Management Board

Supporting Document 1 - Equality Impact Assessment Tool



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Alison Hall Lead Nurse Diabetes
----------------------------------	--

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Alison Hall	Diabetes Specialist Nurse	Alison.hall24@nhs.net
Date assessment completed	28/05/2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Hypoglycaemia Protocol Flow Chart Guidance		
What is the aim, purpose and/or intended outcomes of this Activity?	To treat hypoglycaemia in people with diabetes safely and effectively. Identify patients without diabetes who appear to be experiencing hypoglycaemia and provide guidance on additional testing to ensue true hypoglycaemia is identified and appropriate referrals are made to the right clinical team.		
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____	

WAHT-END-004

It is the responsibility of every individual to check that this is the latest version/copy of this document.

Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Follows GIRFT recommendations.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Reviewed by the diabetes directorate members including a clinical pharmacist.
Summary of relevant findings	The guideline has had a number of amendments and inclusions but in many ways is similar to the previous guidance.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		Applies equally to all ages covered by document
Disability		X		Applies equally to all people covered by the document.
Gender Reassignment		X		No impact
Marriage & Civil Partnerships		X		No impact
Pregnancy & Maternity		X		No impact
Race including Traveling Communities		X		No impact
Religion & Belief		X		No impact
Sex		X		Applies to all sexes
Sexual Orientation		X		No impact

WAHT-END-004

It is the responsibility of every individual to check that this is the latest version/copy of this document.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		No impact
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		No impact

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	At document review or if any changes to document are required before review date.			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat

WAHT-END-004

It is the responsibility of every individual to check that this is the latest version/copy of this document.

them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	01/09/2025
Comments:	
Signature of person the Leader Person for this activity	
Date signed	01/09/2025
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.