

## Hypoglycaemia in Patients without known Diabetes Mellitus

- True pathological hypoglycaemia is rare in patients who are not severely ill in hospital or treated with insulin or sulphonylureas for diabetes mellitus
- Whipple's triad should ideally be met i.e. presence of typical (sympathetic or neuroglycopaenic) symptoms at the time of confirmed low blood (preferably venous) glucose and reversal of the symptoms relatively promptly with administration of glucose and normalization of blood glucose

<ul> <li>Information Required</li> <li>Presence of Red Flags</li> <li>Duration of symptoms</li> <li>Associated symptoms</li> <li>Drug therapy including access to other person's drugs which may cause hypoglycaemia</li> </ul>	<ul> <li>Investigations Required</li> <li>Blood glucose and concomitant insulin and C-peptide levels at the time of symptoms</li> <li>Investigations not Required</li> <li>Hb A1C , glucose tolerance testing and insulin levels (apart from at the time of true hypoglycaemia) are not generally useful</li> </ul>			
Fax Referrals toGP Plus Marion7425 8687	GP Plus Noarlunga 8164 9199			
Red Flags Impaired consciousness with confirmed or high level of suspicion for true hypoglycaemia Liaise with on-call registrar for urgent appointment and management				
<ul> <li>Suggested GP Management</li> <li>The only universally useful test is venous glucose, is and C peptide at the time of symptoms before exogenous glucose is administered</li> <li>This can be difficult to co- ordinate and requires liated</li> </ul>	Hypoglycaemic Disorders – An Endocrine Society Clinical Practice Guideline			

General Information to assist with referrals and the and Referral templates for SALHN are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients and SAFKI Medicare Local website www.safk om.au

osociety/Files/Publications/Clinical%20Pr

actice%20Guidelines/FINAL-Standalone-

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Hypo-Guideline.pdf

with lab, patient and family members to ensure prompt

All venous blood samples for glucose must be taken in a

fluoride tube (grey top) and insulin and C peptide in a

Capillary glucose levels are frequently too inaccurate at

the low end of the range to allow diagnostic and

venesection at the appropriate time

plain tube

management decisions

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