Identifying and Treating Hypoglycemia

Hypoglycemia is the greatest immediate danger to the child with diabetes. This is especially true if the child has become dependent on others to recognize and treat their hypoglycemia. Even if one is very careful, hypoglycemia is not always preventable. Early recognition and treatment are needed to prevent an emergency.

Possible Causes

- Too much insulin or certain medications
- Too little food or delayed meal or snack (which can occur in a school setting fairly easily)
- Unplanned physical activity (i.e. playing another game of tag or chasing a friend)
- Illness

Symptoms

**Mild**
Hunger
Weakness
Becoming pale
Blurry vision
Fast heart rate
Sweating
Anxiety
Dilated pupils
Difficulty swallowing

**Moderate**
Confusion
Restlessness
Yawning
Irritability
Fatigue
Sudden crying

**Severe**
Seizures
Coma
Treatment for Mild or Moderate Cases

If you suspect hypoglycemia, verify the blood glucose level with a test if possible. If in doubt, always treat. If no blood glucose meter is available, treat immediately.

Give 15 grams of fast-acting carbohydrate:

- 4 oz fruit juice
- 3 or 4 glucose tablets
- 1 tube of glucose gel
- 1-2 tablespoons of honey or table sugar
- 6 oz regular (not diet) soda

• Test the blood glucose after 10-15 minutes.
• Repeat treatment if blood glucose remains low.

Treatment may need to be repeated at 15 minute intervals. Be careful not to overdose on treatment to prevent high glucose levels later on.

Treatment for Severe Cases

This is a rare but life-threatening situation if not treated promptly. The child’s school and home should have a glucagon emergency kit for these situations. The child should be placed on his or her side, chin lifted to keep the airway open in case of seizures. Glucagon is then injected. Never attempt to put food in the child’s mouth if they’re losing consciousness. Call 911, then the parent or guardian. The child should regain consciousness in 10-20 minutes. Stay with the child until help arrives.