



Rx Update

Editors: Joan Murhammer, R.Ph., Mary Ross, R.Ph. MBA, Kevin Bebout, R.Ph.

April 2006

TREATMENT OF SEVERE HYPOGLYCEMIA IN ADULTS

Acute hypoglycemia presents with symptoms of dizziness, faintness, pallor, weakness, fatigue, sweating, shakiness, palpitations, headache, hunger, numbness of lips and tongue, behavior changes, blurring of vision, slurring of speech, and confusion. **Blood glucose levels are less than 70 mg/dl. Severe hypoglycemia is when an altered level of consciousness is also present.** Because of the altered level of consciousness, ingestion of oral carbohydrates is unsafe in a patient with severe hypoglycemia.

When severe hypoglycemia occurs or when it is strongly suspected (e.g., patient is receiving insulin or other hypoglycemic agents), **D₅₀W should be administered.** The recommended dose of D₅₀W in adult patients is 12.5 gm (25 ml) given intravenously over 3 to 5 minutes. Care should be taken when administering D₅₀W because of the risk of severe tissue damage if extravasation occurs. Blood glucose should be checked immediately after the dose of D₅₀W and in 15 minutes. If the blood glucose level is still less than 70 mg/dl and the patient continues to have an altered level of consciousness, a second dose of D₅₀W 12.5 gm (25 ml) should be administered. If the blood glucose level continues to be less than 70 mg/dl, but the patient has returned to their prior level of consciousness, then the patient can receive oral carbohydrates.

When a patient has a blood glucose level of less than 70 mg/dl and is conscious, an oral rapid-acting carbohydrate should be administered. Rapid-acting carbohydrates include 4 to 6 ounces of fruit juice or regular soda. Orange juice should be avoided in patients with potassium restrictions. Oral carbohydrates should be repeated until blood sugars increase to 80 mg/dl or greater and/or patient's symptoms of hypoglycemia dissipate. Blood sugars should be monitored every 15 minutes until hypoglycemia is resolved.

Refer to Nursing Policies 04.100 and 04.110 for further information.

FLEET ENEMA – DOSING FOR CHILDREN

Fleet Enema[®] is a sodium phosphates solution that is used rectally as a laxative for the treatment of occasional constipation and as part of a bowel cleansing regimen in preparing the colon for surgery, x-ray or endoscopic examination. It is available in an adult size (for adults and children 12 years of age and older) and a children's size (for use in children 2 to 11 years of age). Fleet Enema[®] is not recommended in children under 2 years of age. Fleet Enema[®] is available as a 133 ml bottle that is designed to deliver a 118 ml dose. Fleet Enema for Children[®] is available as a 66 ml bottle that is designed to deliver a 59 ml dose. The recommended dosage is listed in the table below.

The Recommended Dosage of Fleet Enema Products

Age	Dose	Product to Use
Adults and Children 12 years of age and older	133 ml bottle (118 ml delivered dose)	Fleet Enema [®]
Children 5 to 11 years old	66 ml bottle (59 ml delivered dose)	Fleet Enema for Children [®]
Children 2 to 4 years old	33 ml (1/2 of 66 ml bottle) Unscrew cap, remove 2 Tbsp (30 ml) of liquid, replace cap, administer the remaining solution	Fleet Enema for Children [®]
Children less than 2 years old	Not recommended	Not recommended

IV COMPATIBILITY CHARTS

An IV compatibility chart has been approved by the Pharmacy and Therapeutics Subcommittee for use as a quick reference by nurses on patient care units. This document includes the y-site compatibility of commonly used intravenous medications. The chart can be found in the UIHC Formulary (www.formularyproductions.com/uihc) under the Additional Links tab on the front page.