

**MEDICAL DIRECTIVE
MEDICAL DIRECTIVE 15-01
Oral Management of
Hypoglycemia in Patients with
Diabetes (Adult)**

SELF-LEARNING GUIDE

Original Issue: 2003 October
Revised: 2010 October

This learning guide has been developed by
Kingston General Hospital
Nursing, Clinical Laboratory, and Clinical Nutrition Programs
and
approved by the Designated Authorities for the medical directive of
Oral Management of Hypoglycemia in patients with Diabetes (Adult)

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Note: The information in this learning guide is current as of the time of distribution.
The most current information regarding this medical directive (15-01) can be found in the
Delegated Controlled Act/Medical Directive Manual.

1.0 INTRODUCTION

1.1 Learning Objective

The Registered Nurse (RN) and Registered Practical Nurse (RPN) who is certified to perform glucose meter testing, after completing this learning guide will indicate by signed documentation that he or she has now obtained the knowledge, skill and judgment to implement the Medical Directive: Oral Management of Hypoglycemia in patients with Diabetes (Adult).

1.2 Competency Statements

Upon completion of this self learning guide, the RN and RPN will be able to:

- identify the conditions, limitations/contraindications for activation of this medical directive;
- identify hypoglycemia and the oral interventions required for a patient with mild/moderate or severe symptoms; and
- identify factors contributing to the hypoglycemic event and begin to develop in consultation with the health care team (i.e. physician, nutritionist, pharmacist, etc.) a management plan designed to reduce the risk of reoccurrence.

1.3 Education Plan

- 3.1 The Point of Care blood glucose meter testing certification program must be completed before you continue with this learning guide and become certified by the hospital to implement this Medical Directive;
- 3.2 It is an expectation of the learner to review the Medical Directive that is included in this learning guide *Oral Management of Hypoglycemia in Patients with Diabetes (Adult)*;
- 3.3 Answer the Case Studies Quiz; and
- 3.4 Review the corresponding answers.

1.4 Self-Evaluation of Competency for the RN/RPN

In order to become authorized by the hospital to enact this Medical Directive, you must self-assess as being competent to implement it. To determine your competence, you will be asked at the end of this learning guide to answer the following questions. As identified below, your answer to this question will determine the next steps in your authorization process.

“Do I have the knowledge and skill and judgement to be able to perform the Medical Directive: Oral Management of Hypoglycemia in Patients with Diabetes (Adult)?”

No → Contact your Clinical Educator / Program Manager

Yes → Sign the Self-Appraisal of Competency form at the end of this learning guide and return it to your Clinical Educator / Program Manager.

2.0 What is a Medical Directive?

The College of Nurses of Ontario (CNO), College of Dietitians of Ontario (CDO), and the College of Physicians and Surgeons of Ontario (CPSO) support the use of medical directives. Correctly used, medical directives can be an excellent means to provide timely, effective and efficient patient care. The Medical Directive uses the expertise of both the physician who orders the directive and the health care professional who uses discretion and judgement when implementing it.

A medical directive is a physician's order for a procedure, treatment, drug or intervention. It is implemented for a range of patients when specific conditions are met and when specific circumstances exist. A medical directive is always written.

Although a medical directive is by definition a medical document, the collaborative involvement of health care professionals affected directly or indirectly by the medical directive must occur. For directives involving the discipline of nursing, approval by the Nursing Practice Council is required. For directives involving the allied health professions, approval by the Professional Practice Council is required. Final approval of all medical directives occurs at the Joint Medical Advisory Committee, given Medicine is the source discipline with accountability for the directive.

In the case of the medical directive for Oral Management of Hypoglycemia in Patients with Diabetes (Adult), Dr. Robyn Houlden is the authorizing physician and is ultimately responsible for the content of the medical directive. A medical directive is required prior to any diagnostic procedure which is outside of the scope of practice of a nurse (RN/RPN) in a public hospital (exception: RN (Extended Class) for outpatients only). A medical directive provides the RN/RPN with the authority to initiate such an order.

For a medical directive, the CNO requires the identification of:

- the specific medication (drug name, dose/dose range, route, frequency) or type of procedure that is ordered by means of a directive;
- specific patient conditions that must be met (indications/contraindications);
- specific circumstances that must exist before implementation;
- who may implement the directives and what, if any, are the specific educational or competency requirements;
- education required;
- documentation requirements;
- the collaboration and inclusion of key stakeholders in its development;
- the authorizing physician names and signatures;
- the signature of nursing authority accepting the directive;
- the date the directive was authorized; and
- the signature of other administrative authority approving the directive

Healthcare Professionals who initiate these medical directives are responsible for:

- Clarifying that informed consent has been obtained;
- Assessing the patient to determine whether the specified patient conditions have been met and any limitations/contraindications have been identified
- Knowing the risks to the recipient of implementing the directive;
- Possessing the knowledge, skill and judgement required to safely implement the directive;
- Knowing the predictability of the outcomes of the intervention;
- Determining whether management of possible outcomes is within the scope of his/her practice; if so, whether she/he is competent to provide such management and if not, whether the appropriate resources are available to assist as required; and
- Knowing how to contact the physician responsible for care of the recipient if orders require clarification.

Core Competencies

There are three core competencies that the RN/RPN must demonstrate prior to initiating a medical directive. They are:

- Knowledge
- Skill
- Judgment

3.0 Informed Consent

In order to obtain informed consent, the RN/RPN must explain the care provided via the medical directive to the patient or substitute decision maker. This explanation includes:

- 1) the risks and benefits of the care provided by implementing the medical directive;
- 2) alternate treatments, and
- 3) the risks associated with no treatment. The RN/RPN must answer any questions the patient may have concerning the medical directive proposed treatment/care.

Under the Health Care Consent Act (HCCA), the health care professional proposing the treatment should ensure the patient is capable of making treatment decisions. The patient is presumed to be capable of making these decisions unless there are reasonable grounds to believe otherwise.

Given hypoglycemia can affect the patient's ability to understand the information provided and/or to appreciate the consequences of their decision regarding care, the health care professional should take care in assessing the patient's ability.

The management of hypoglycemia is an emergency situation requiring immediate treatment. Under the HCCA, when a patient is assessed as being incapable with respect to a treatment decision, the health care professional can provide emergency treatment under the following conditions.

1. a substitute decision-maker (SDM) is not readily available to give consent,
2. it is not reasonably possible to obtain a consent or refusal from the SDM, AND,
3. a delay in the management of hypoglycemia would put the patient at risk of sustaining serious harm.

Since hypoglycemic episodes in diabetic patients are not unusual, consent should ideally be obtained upon admission with verification of consent occurring before treatment is provided, except in emergency situations as described above.

4.0 Documentation

After implementing this Medical Directive, the Health Care Professional must:

- 4.1 Obtain consent or verify previous consent.
- 4.2 Document glucose meter result on unit-specific flow sheet and StatStrip Quality e.g., YYYY/MM/DD hhmm – Capillary blood glucose by glucose meter 3.2 mmol/L, *Susan Smith, RN* (Susan Smith).
- 4.3 Document glucose tablet administration on the medication administration record or other documentation form.
- 4.4 Document medical directive on the Patient Care Orders form (this would include the performance of capillary blood glucose testing).
e.g. YYYY/MM/DD hhmm – e.g. Performed Capillary blood glucose test as per Oral Management of Hypoglycemia in Patients with Diabetes (Adult) Medical Directive. Capillary blood glucose 3.1 mmol/L.
Glucose tablets 16 g as per Oral Management of Hypoglycemia in Patients with Diabetes (Adult) Medical Directive. *Susan Smith, RN* (Susan Smith).

Care is documented in more than one place. Please see below, the documentation requirements for Kingston General Hospital.

	Pt. Care Orders	MAR	Pt. Care Record	Glucose Meter Quality Control Log
Glucose Meter result			X	X
Administration of glucose tabs		X		
Use of the medical directive for glucose testing and treatment	X			
Notification of physician			X	

For more information on medical directives, see the [When, Why and How to Use Medical Directives](#) (CNO, 2009) located in your unit's *Compendium of Standards of Practice for Nurses in Ontario*.

5.0 MEDICAL DIRECTIVE: ORAL MANAGEMENT OF HYPOGLYCEMIA IN PATIENTS WITH DIABETES (ADULT)

MEDICAL DIRECTIVE

SUBJECT	Oral Management of Hypoglycemia in Patients with Diabetes (Adult)	NUMBER	MD 15-01
		PAGE	1 of 4
		ORIGINAL ISSUE	2003 June
SECTION	Medical Advisory Committee Medical Directive	REVISION	2010 October

Regulated Health Professional(s) Authorized to Implement Directive	Registered (RNs) and Registered Practical Nurses (RPNs) who are certified for glucose meter testing with an approved glucose meter.
Description of Procedure	<p>This medical directive includes authorization for:</p> <ol style="list-style-type: none"> 1. Testing blood glucose by glucose meter; 2. Obtaining blood samples for glucose testing by the lab; and 3. Treating hypoglycemia. <p>See Appendix A (page 3 of 4) for the detailed procedure.</p>
Desired Outcome	Restoration of blood glucose to 4.0 mmol/L or greater.
Conditions	<ol style="list-style-type: none"> 1. Patient is registered as an active inpatient or outpatient. 2. Patient has diabetes. 3. Blood glucose measurement is less than 4.0 mmol/L AND/OR the patient has signs and symptoms of hypoglycemia. NOTE: Includes previously-ordered and patient self-test glucose meter measurements. 4. Patient is conscious, is able to swallow, and is not NPO. 5. The patient/substitute decision maker gives informed consent to obtain blood samples for glucose measurement and the oral treatment of hypoglycemia per the medical directive. EXCEPTION: In situations where the patient is incapable of providing consent and it is not possible to obtain consent from a substitute decision maker, treatment for hypoglycemia may be provided since a delay would put the patient at risk of harm.
Limitations/Contraindications	<ol style="list-style-type: none"> 1. Patient is unconscious, unable to swallow, or NPO. 2. Presence of a written patient-specific order for a different treatment in situations of hypoglycemia, including contravening the treatment of the patient in the event of a hypoglycemic event (e.g. expected patient death). 3. Attending physician/delegate is immediately available to provide patient-specific orders. 4. Patient/substitute decision maker refusal.

SUBJECT	NUMBER	PAGE																		
Oral Management of Hypoglycemia in Patients with Diabetes (Adult)	MD 15-01	2 of 4																		
Education Process	1. Review of the learning guide for the Medical Directive for Oral Management of Hypoglycemia in Patients with Diabetes (Adult). 2. Signed documentation indicating the self-assessment of competency to perform the medical directive.																			
Communication Path	<table border="0"> <tr><td>Clinical Nutrition Program</td><td>2010 October 01</td></tr> <tr><td>Clinical Laboratory</td><td>2010 October 01</td></tr> <tr><td>Department of Medicine</td><td>2010 October 01</td></tr> <tr><td>POD/PM Program Council</td><td>2010 October 12</td></tr> <tr><td>Medicine Program Council</td><td>2010 October 12</td></tr> <tr><td>Nursing Practice Council KGH</td><td>2010 October 12</td></tr> <tr><td>Pharmacy Practice Council</td><td>2010 October 14</td></tr> <tr><td>Pharmaceuticals & Therapeutics Committee</td><td>2010 October 18</td></tr> <tr><td>Professional Practice Council KGH</td><td>2010 October 20</td></tr> </table>		Clinical Nutrition Program	2010 October 01	Clinical Laboratory	2010 October 01	Department of Medicine	2010 October 01	POD/PM Program Council	2010 October 12	Medicine Program Council	2010 October 12	Nursing Practice Council KGH	2010 October 12	Pharmacy Practice Council	2010 October 14	Pharmaceuticals & Therapeutics Committee	2010 October 18	Professional Practice Council KGH	2010 October 20
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Pharmaceuticals & Therapeutics Committee	2010 October 18																			
Professional Practice Council KGH	2010 October 20																			
Final Approval	KGH Medical Advisory Committee	2010 October 26																		
References	<p>Canadian Diabetes Association 2008 Clinical Practice Guidelines for the Prevention and Management of Hypoglycemia in Diabetes. <i>Canadian Journal of Diabetes</i> 2008, Vol. 32, Supplement 1, pp. S62-S64. Available on-line: http://www.diabetes.ca/files/cpg2008/cpg-2008.pdf . Retrieved 2009 February 03.</p> <p>Nursing Policy and Procedure G-4730 Glucose Monitoring (Bedside) Using the Nova StatStrip™ Glucose Meter: Advanced Competency (AC) for Nurses (Registered Nurses and Registered Practical Nurses)</p> <p>The Medical Letter, Vol. 38 (Issue 967) February 2, 1996, pp. 9-10</p>																			

Authorizing Physician:

Dr. Robyn Houlden, Medical Advisor, Diabetes Education Centre	_____	_____	_____
	year	month	day

Clinical Department Head:

Dr. John McCans, Head, Department of Medicine	_____	_____	_____
	year	month	day

Director, Professional Practice - Nursing

Carol Kolga, Director, Professional Practice - Nursing	_____	_____	_____
	year	month	day

SUBJECT	Oral Management of Hypoglycemia in Patients with Diabetes (Adult)	NUMBER	MD 15-01
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APPENDIX A - PROCEDURE

Principles:

1. A low blood glucose level can occur in patients with diabetes for many reasons including omission or delay of meals or snacks, or excessive doses of insulin or hypoglycemic agents. Hypoglycemia-like symptoms may be experienced at different blood glucose levels among individual patients.
2. Prolonged hypoglycemia may result in permanent brain damage or death.

Signs and Symptoms of Hypoglycemia:

Autonomic		Neuronal Dysfunction		
Anxiety	Sweating	Confusion	Drowsiness	Vision Changes
Hunger	Tingling	Difficulty concentrating	Headache	Weakness
Nausea	Trembling	Difficulty speaking	Seizures	
Palpitations		Dizziness	Tiredness	

Definitions: (for the purpose of this medical directive)

Mild to Moderate Hypoglycemia:	<ul style="list-style-type: none"> ▪ Blood glucose level is less than 4.0 mmol/L. ▪ Patient is conscious, able to swallow, not NPO, and <u>not</u> acutely confused.
Severe Hypoglycemia:	<ul style="list-style-type: none"> ▪ Blood glucose level is less than 4.0 mmol/L ▪ Patient is conscious, able to swallow, not NPO, and is acutely confused.

Procedure:

NOTE: Refer to nursing glucose meter policy G-4730 for the circumstances in which there is a need to repeat a glucose meter measurement and/or send a blood sample to the lab.

Start at procedure step #2 if a previously-ordered glucose meter result is less than 4.0 mmol/L. Start at procedure step #3 if the patient has already treated themselves.

1. Measure diabetic patient's blood glucose by glucose meter when they:
 - 1.1 experience signs and symptoms of hypoglycemia; and/or
 - 1.2 report a glucose meter self-test result of less than 4.0 mmol/L.
2. Treat the following patients as per Appendix B (page 4 of 4):
 - 2.1 patients experiencing signs and symptoms of hypoglycemia if one of the initial or repeat glucose meter results is less than 4.0 mmol/L.
 - 2.2 patients not experiencing signs and symptoms of hypoglycemia if two glucose meter results are less than 4.0 mmol/L.

NOTE: Notify the physician if the patient does not meet the above treatment criteria and there are ongoing concerns.
3. Re-check the patient's blood glucose by glucose meter 15 minutes after treatment and repeat procedure steps 2 to 3 until the blood glucose is 4.0 mmol/L or more.
4. Once the patient's blood glucose is 4.0 mmol/L or more:
 - 4.1 If patient's next scheduled meal or snack is more than 1 hour away, provide 5 - 7 crackers or 1 slice of bread AND peanut butter 30 mL (1 tablespoon) or hard cheese (protein) 21 grams.
 - 4.2 Notify physician; and
 - 4.3 Document as applicable to the situation (see Appendix B, page 4 of 4).

SUBJECT	Oral Management of Hypoglycemia in Patients with Diabetes (Adult)	NUMBER	MD 15-01
		PAGE	4 of 4

APPENDIX B - TREATMENT AND DOCUMENTATION

NOTE: Transfer care to an RN or physician at the following times as appropriate to the circumstance:

- (1) **OUTPATIENTS:** If the symptoms persist.
- (2) **RPNs:** If the patient experiences severe hypoglycemia or more than one glucose treatment is needed.

For MILD to MODERATE hypoglycemia orally administer 16 g of fast acting glucose in the form of:

- (1) Glucose 4 g/tablet, 4 tablets PO once (patient to chew)*; **OR**
- (2) 125 mL of apple or orange juice; **OR**
- (3) 1 package of jam.

EXCEPTIONS:

- (1) Patients undergoing hemo or peritoneal dialysis: Give glucose tablets or jam and avoid orange juice. **RATIONALE:** Orange juice is high in potassium and the kidneys of patients undergoing hemo or peritoneal dialysis are unable to filter it.
- (2) Patients on thickened fluid diet: Give 1 package of jam.
- (3) Patients taking acarbose (e.g. Prandase®): Give glucose tablets **OR** 250 mL (1 cup) milk **OR** 15 mL (1 tablespoon) honey. **RATIONALE:** Acarbose inhibits the action of the enzymes involved in the digestion of apple juice, orange juice, and jam, which prolongs the hypoglycemia. Glucose tablets, milk and honey do not require these same enzymes for their breakdown.

For SEVERE hypoglycemia orally administer 20 g of fast acting glucose in the form of:

- (1) Glucose 4 g/tablet, 5 tablets PO once (patient to chew)*; **OR**
- (2) 175 mL of apple juice or orange juice; **OR**
- (3) 1 ½ packages of jam.

EXCEPTIONS:

- (1) Patients undergoing hemo or peritoneal dialysis: Give glucose tablets or jam and avoid orange juice. **RATIONALE:** Orange juice is high in potassium and the kidneys of patients undergoing hemo or peritoneal dialysis are unable to filter it.
- (2) Patients on thickened fluid diet: Give 1 ½ packages of jam.
- (3) Patients taking acarbose (e.g. Prandase®): Give glucose tablets **OR** 416 mL (1 ½ to 2 cups) milk **OR** 20 mL (1 1/3 tablespoons) honey. **RATIONALE:** Acarbose inhibits the action of the enzymes involved in the digestion of apple juice, orange juice, and jam, which prolongs the hypoglycemia. Glucose tablets, milk and honey do not require these same enzymes for their breakdown.

For UNRESPONSIVE patients, call a Code.

DOCUMENT the following, as applicable to the situation:

1. Blood glucose by glucose meter +/- blood glucose STAT to lab +/- glucose administration "as per Oral Management of Hypoglycemia in Patients with Diabetes (Adult) Medical Directive" on Patient Care Orders form.
2. All glucose meter result(s) on the patient record and glucose meter quality control log.
3. Glucose administration on the Medication Administration Record or other documentation form.
4. Notification of the physician on the patient record.

***NOTE:** Label top of glucose tablet container with expiry date (YYYY/MM/DD) of one year from date of opening. Glucose tablet tubes are to be kept in medication room or stored in glucose meter kit.

6.0 CASE STUDY: QUESTIONS & ANSWERS

Instructions:

Answer the questions for the case study provided and then review the answers given. The correct answers are identified on the Answer & Discussion page (page 19).

Case Study

Mr. W is a 54-year-old man with type 1 diabetes. He was diagnosed 10 years ago as having chronic renal failure for which he receives peritoneal dialysis. He takes insulin injections before each meal and at bedtime. His last dose of insulin was at lunch time when he received 6 units of Lispro (Humalog) insulin for a blood sugar of 12.3 mmol/L.

You enter his room at 1500 hours because he has pressed his call bell. Mr. W. is lying on the bed, and complains of feeling shaky and dizzy. You notice he is pale and diaphoretic. His heart rate is elevated, but his blood pressure is unchanged. He reports he didn't eat much lunch, as he didn't like what he was sent, and he has not been eating his snacks. The medical team is not on the ward, and the only existing orders are for routing qid blood sugars by glucometer.

Questions:

1. What is your **first** nursing intervention?
 - a. obtain informed consent, activate the medical directive for management of hypoglycemia in adult patients with diabetes, and check his blood sugar with the hospital approved glucometer
 - b. give the patient four glucose tablets
 - c. give the patient five glucose tablets
 - d. ask the patient to use his own glucometer to check his blood sugar

2. The blood sugar you have obtained is 3.1 mmol/L. Choose the correct interventions in the correct order.

<p>a)</p> <ul style="list-style-type: none"> • Give 125ml of orange juice • Contact the housestaff to get orders to treat the low blood sugar, as the medical directive does not apply • Review with Mr. W. the importance of eating after receiving rapid-acting insuling pre meal 	<p>b)</p> <ul style="list-style-type: none"> • Give 4 glucose tablets (4g) • Document the glucometer test and treatment by this medical directive on the physician order sheet • Call the physician to update them on the patient's condition • Re-check the blood sugar in 15 minutes • Once blood sugar is >4.0 mmol/L, ensure that Mr. W. eats the cheese and 6 crackers you provide • Review with Mr. W. the importance of eating after receiving rapid-acting insulin 	<p>c)</p> <ul style="list-style-type: none"> • Give 5 glucose tablets (4g) • Repeat blood glucose in 15 minutes • Once blood sugar is >4.0 mmol/L, ensure that Mr. W. eats the slide of bread and peanut butter you gave him • Review with Mr. W. the importance of eacting after receiving rapid-acting insulin pre meal
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	pre meal.	
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3. After treatment with 16g of glucose, the glucometer reading in 15 minutes was 3.5. The patient is still conscious and able to swallow. According to this medical directive, as an RPN what is the next step?
- treat with another 16g of glucose
 - give the patient a snack of cheese and crackers
 - transfer care to an RN
 - call the physician
4. If this same patient's blood sugar was 4.1 mmol/L when first tested, what is the next step?
- continue with the medical directive and give 4 glucose tablets (4g)
 - obtain a serum sample to recheck the blood sugar
 - recheck the blood glucose with the same meter, and if still >4.0 mmol/L, then recheck blood glucose with a different meter, as the first glucometer result is inconsistent with the patient's symptoms
5. Indicate with an 'x' where you would document the following:
(some items are documented in more than one place)

	Pt. Care Orders	MAR	Pt. Care Record	Glucose Meter Quality Control Log
Glucose Meter result				
Administration of glucose tabs				
Use of the medical directive for glucose testing and treatment				
Notification of physician				

Answer & Discussion:

1. The answer is **A**.

Discussion:

The patient is exhibiting symptoms of hypoglycemia, is diabetic, conscious, able to swallow, not NPC, not acutely confused and the medical team is not immediately available. The medical directive needs to be activated in order to use the glucose meter to check the blood sugar.

Answers b, c and d are not appropriate:

- We would not treat the patient until we know the blood sugar
- Patients can only use their own meters if requested and ordered, however clinical decisions must not be based on patient self-testing devices or test results. (KGH Nursing Policy and Procedure G-4730, HDH Nursing Policy 3-19-1)

2. The answer is **B**.

Discussion:

A is not appropriate as the requirements of the medical directive are met, so it does apply.
Orange juice is not appropriate for treating renal patients
C is not appropriate. The patient is exhibiting symptoms of mild to moderate hypoglycemia so only requires 16g of glucose.

3. The answer is **C**.

Discussion:

According to the medical directive RPNs may only manage patients with mild to moderate hypoglycemia and provide **one** oral ingestion treatment. If further treatment is required the RPN must transfer care to an RN.

4. The answer is **C**.

Discussion:

- The policy for Bedside Glucose Testing using the Nova Statstrip glucose meter (KGH Policy G-4730 and HDH 3-19-01) states:
“*When the glucose meter result is not consistent with the patient’s symptoms:*”
 - Repeat glucose meter test using the same meter or a different meter
 - If repeat test is still inconsistent with patient’s symptoms, and was done with the same meter, repeat the test with a different meter
- You would not treat with glucose as the glucose meter reading was not under 4.0 mmol/L
- The first step is to recheck the blood sugar by glucose meter, not by serum sample (which requires an order)

5. The answer is:

	Pt. Care Orders	MAR	Pt. Care Record	Glucose Meter Quality Control Log
Glucose Meter result			X	X
Administration of glucose tabs		X		
Use of the medical directive for glucose testing and treatment	X			
Notification of physician			X	

Discussion:

As per the medical directive:

DOCUMENT the following, as applicable to the situation:

- Blood glucose by glucose meter +/- blood glucose STAT to lab +/- glucose administration “as per Oral Management of Hypoglycemia in Patients with Diabetes (Adult) Medical Directive” on Patient Care Orders form.
- All glucose meter result(s) on the Patient Care Record and glucose meter quality control log.
- Glucose administration on the Medication Administration Record (MAR) or other documentation form.
- Notification of the physician on the Patient Care Record.

7.0 References

- Canadian Diabetes Association. (2003). *Canadian Diabetes Association 2003 clinical practice guidelines for the prevention and management of diabetes in Canada*. Canadian Journal of Diabetes, 27: 1 -152.
- Canadian Diabetes Association. (2008). Clinical Practice Guidelines for the prevention and management of Diabetes in Canada. Canadian Journal of Diabetes, 32: 1 - 29.
- College of Nurses of Ontario. (2009). Practice Guideline: Consent. Toronto, ON.
- College of Nurses of Ontario. (2009). Practice Guideline: Directives. Toronto, ON
- Vanderhoff, B.T., Ruppel, H.M., Amsterdam, P.B., (1998). Carvedilol: The New Role of Beta Blockers in Chronic Heart Failure, American Academy of Family Physicians, Retrieved March 26, 2003, from <http://www.aafp.org/afp/981101ap/vanderho.html>.

8.0 Self-Appraisal of Competency Statement

MEDICAL DIRECTIVE Self-Appraisal of Competency Statement

As noted at the beginning of this learning guide, in order to become authorized by the hospital to enact this Medical Directive, you must self-assess as being competent to implement it. To determine your competence, you need to answer the following questions. As identified below, your answer to this question will determine the next steps in your authorization process.

“Do I have the knowledge and skill and judgement to be able to perform the Medical Directive: Oral Management of Hypoglycemia in Patients with Diabetes (Adult)?”

- No →** Contact your Clinical Educator / Program Manager
- Yes →** Sign the Self-Appraisal of Competency form on the next page and return it to your Clinical Educator / Program Manager

**MEDICAL DIRECTIVE
Self-Appraisal of Competency Statement**

To be completed by Designated Staff

- Hotel Dieu Hospital Kingston General Hospital

I have completed the “*Education Process*” as defined in the Medical Directive:

_____ *Print Title of Medical Directive*

and have the knowledge, skill and judgment to initiate this Medical Directive.

Name: _____
(printed)

Signature: _____
(include professional designation)

Date: / /
Year Month Day

Please return the completed self-appraisal of competency statement to your
Manager/Designated Educator.

To be completed by Manager/Designated Educator

I have received the completed self-appraisal of competency statement.

Manager/Designated Educator Signature: _____

Date: / /
Year Month Day

Distribution:
Original: Designated Staff
Copy: _____
Educator

Manager/Designated

9.0 EVALUATION OF LEARNING GUIDE

Your feedback and comments are most appreciated.

Thank you for your time in responding to this questionnaire. It will help us in planning/ revising learning materials.

Circle appropriate response

Strongly disagree

Strongly agree

The content was relevant, clear and easy to understand.

1 2 3 4 5

Comment:

This guide will help me to meet the knowledge/skill requirements for the Oral Management of Hypoglycemia in Patients with Diabetes (Adult) Medical Directive.

1 2 3 4 5

Comment:

Additional comments/suggestions:

**Please return completed evaluation to
Lead, Interprofessional Education Advisor (Watkins 4)**