Kingston Health Sciences Centre

Centre des sciences de la santé de Kingston

Hôpital Hotel Dieu Hospital | Hôpital Général de Kingston General Hospital

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

SELF-LEARNING GUIDE

Original Issue: 2003 October
Revised: 2019 July

This learning guide has been developed by

Kingston Health Sciences Centre

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 on the Delegated Controlled Act/Medical Directive site on the KHSC intranet

1.0 Learning Objectives

Upon completion of this self-learning guide, the nurse (Registered Nurse (RN) and Registered Practical Nurse (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. prescriber, dietician, pharmacist) a management plan designed to reduce the risk of reoccurrence.

1.1 Certification

To complete the requirements for implementing this medical directive you must:

1. Be certified in Point of Care blood glucose meter testing (POCT).
2. Complete the Oral Management of Hypoglycemia in Patients with Diabetes (Adult) self-learning guide.
3. Complete the Self-Appraisal of Competency Statement in Knowledge NOW, indicating that you have the knowledge, skill and judgement to initiate the medical directive for Oral Management of Hypoglycemia in Patients with Diabetes (Adult).

1.2 Self-Evaluation of Competency for the nurse

In order to become authorized by Kingston Health Sciences Center (KHSC) 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 question. 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 Learning Specialist / Program Manager

Yes ➔ Complete the Self-Appraisal of Competency Statement in Knowledge NOW indicating that you have the knowledge, skill and judgement to initiate the medical directive for Oral Management of Hypoglycemia in Patients with Diabetes (Adult).

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 prescriber who orders the directive and the health care professional who uses discretion and judgement when implementing it.

A medical directive is a prescriber'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 in a public hospital (exception: RN (Extended Class). A medical directive provides the nurse 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 prescribers 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 prescriber responsible for care of the recipient if orders require clarification.

Core Competencies

There are three core competencies that the nurse must demonstrate prior to initiating a medical directive. They are

1. Knowledge
2. Skill
3. Judgment

3.0 Informed Consent

In order to obtain informed consent, the nurse 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 nurse 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 nurse must:

1. Obtain consent or verify previous consent.

2. Document glucose meter result on unit-specific flow sheet or other documentation form (i.e. face sheet or outpatient procedure unit flowsheet). Record glucometer meter result on the titratable medication administration (T-MAR) record if in use.

3. Document glucose liquid administration on the medication administration record (MAR) or other documentation form (i.e. face sheet or outpatient procedure unit flowsheet).

4. Document medical directive on the Patient Care Orders form and in the Interprofessional progress notes (this would include the performance of capillary blood glucose testing).

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 liquid 15- 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 Health Sciences Center.

	Patient Care Orders	**MAR**	**Pt. Care Record** **Inpatient: Flow Sheet, Interprofessional Progress Notes** **Outpatient: Face Sheet/ Outpatient Procedure Unit Flow Sheet/Interprofessional Progress Notes (if applicable)**
Glucose Meter result	**X**	**Titratable MAR if in use**	**X**
Administration of glucose liquid		**X**	**X**
Use of the medical directive for glucose testing and treatment	**X**		**X**
Notification of prescriber			**X**
Patient response to treatment			**X**

For more information on medical directives refer to CNO practice standards: Directives (CNO, 2018)

5.0 Medical Directive: Oral Management of Hypoglycemia in Patients With Diabetes (Adult)

SUBJECT	Oral Management of Hypoglycemia in Patients with Diabetes (Adult)	**NUMBER**	MD 15-01
	☒ Hotel Dieu Hospital site ☒ Kingston General Hospital site	**PAGE**	10 of 23
		ORIGINAL ISSUE	2013 June
SECTION	Medical Advisory Committee Medical Directives		
		REVISION	2019 March

Authorizer(s)	Department of Medicine / Diabetes Education Centre
Area(s)	KHSC – HDH site and KGH site
Instructor(s)	Clinical learning specialists, RN's and RD's who are Certified Diabetes Educators (CDE's), NP's working with Diabetes Consult Service
Implementers ***Health Care Professional(s) Authorized to Implement***	*Registered Nurses (RN) and Registered Practical Nurses (RPN) who are certified for glucose meter testing with an approved glucose meter (see Appendix C)*
Patient Population	Adult inpatients and outpatients who are experiencing hypoglycemia
Description of Procedure	This medical directive includes authorization for: 1. Obtaining blood samples for glucose testing by the lab; and 2. Treating hypoglycemia. See Appendix A for the detailed procedure.
Desired Outcome	Restoration of blood glucose to 4.0 mmol/L or greater.
Conditions	1. Patient is registered as an active inpatient or outpatient. 2. 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. 3. 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	1. 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).
2. Attending prescriber is immediately available to provide patient-specific orders.
3. Patient/substitute decision maker refusal.

Education Process

1. Review of the learning guide for the Medical Directive for the Management of Hypoglycemia in Patients with Diabetes (Adult).
2. Signed documentation indicating the self-assessment of competency to perform the medical directive.

Communication Path

Clinical Nutrition Program	2018 Sep 14
Clinical Laboratory	2018 Sep 14
Department of Medicine	2018 Sep 14
POD/PM Program Council	2018 Sep 14
Medicine Program Council	2018 Sep 14
Nursing Practice Council KGH	2018 Sep 14
Pharmacy Practice Council	2018 Sep 14

Final Approval Medical Advisory Committee 2019 Mar 26

References

Nursing Policy and Procedure G-4730 Glucose Monitoring (Bedside) Using the Nova StatStripTM Glucose Meter: Advanced Competency (AC) for Nurses (Registered Nurses and Registered Practical Nurses).

The Medical Letter, Vol. 38 (Issue 967) February 2, 1996, pp. 9-10.

Yale, J., Paty, B. & Senior, P. Diabetes Canada Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada: hypoglycemia. Can J diabetes 2017;42:S104-108.

Designated Authorizers, Diabetes Education Centre:

First & Last Name & Designation	Date yyyy/mm/dd	Signature
Dr. Robyn Houlden		

Clinical Department Head:

Dr. Stephen Archer, Head, Department of Medicine _____ year _____ month _____ day

Director, Professional Practice:

Leanne Wakelin, Director, Professional Practice _____ year _____ month _____ day

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:	▪ 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:	▪ Blood glucose level is less than 4.0 mmol/L ▪ Patient may or may not be ~~is~~ conscious~~,~~ and/or able to swallow, and/or acutely confused.

Procedure:

1. Measure 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 4.0 mmol/L.
   NOTE: Start at procedure step #2 if a previously-ordered glucose meter result is less than 4.0 mmol/L.

2. Treat the following patients as per Appendix B:
   2.1 patients experiencing signs and symptoms of hypoglycemia if one of the initial <u>or</u> repeat glucose meter results is less than 4.0 mmol/L.
   2.2 patients <u>not</u> experiencing signs and symptoms of hypoglycemia if two glucose meter results are less than 4.0 mmol/L.
   NOTE: Start at procedure step #3 if the patient has already treated themselves.

3. Re-check the patient's blood glucose by glucose meter **<u>15 minutes after treatment</u>**. If blood glucose less than 4.0 mmol/L 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 or oral nutritional supplement (e.g., Ensure, GLucerna, etc).
   4.2 Notify the physician, nurse practitioner or physician assistant; and
   4.3 Document as applicable to the situation.

APPENDIX B - TREATMENT AND DOCUMENTATION

NOTE: Transfer care to an RN 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 hypoglycemia treatment is needed.

For MILD to MODERATE hypoglycemia in patients who can eat:
Nurse to give 15-16g of fast acting glucose in the form of:
1) Give Dex4 liquid 1 bottle (59ml); **OR**
2) 150 mL of apple or orange juice (not for dialysis patients or those taking Acarbose i.e., Prandase); **OR**
3) 1 package of jam (preferred for patients on thickened fluids); **OR**
4) 4 glucose tablets (4 g/tablet) PO (patient to chew)*

For MILD to MODERATE hypoglycemia in patients receiving enteral nutrition who **cannot eat**:
Nurse to give 15-16 g of fast acting glucose in the form of:
(1) Give Dex4 liquid 1 bottle (59 mL) **OR**
(2) 150 mL of juice (without pulp) per PEG/NG
THEN
(3) Flush tube with 10 mL of water after juice is given. (Note: Please do not use carbonated beverages as this can erode the feeding tube).

Note: Please do not give juices with pulp due to risk of blocking feeding tube. Please do not give carbonated fluid due to risk of tube erosion.

Note: Patients taking acarbose : Give glucose tablets (as advised above) or Dex4 liquid (as advised above) **OR** milk 250 mL milk (1 cup) **OR** honey 15 mL (1 tablespoon)

For MILD to MODERATE hypoglycemia in patients who are **strictly NPO**:
(1) A) Give 16g (32mL) of D50W IV push over 1-3 minutes STAT
B) If no intravenous access is present but able to establish intravenous access; immediately:
1) Insert saline lock
2) Give 16g (32mL) of D50W IV push over 1-3 minutes STAT
C) If no IV access possible: Give 1mg glucagon IM/SC (reconstituted) STAT

For SEVERE hypoglycemia in the conscious patient **who can eat:**:
RN will orally administer 20 g of fast acting glucose in the form of:
1) Dex4 liquid 1 and 1/3 bottles (80mL): **OR**
2) 175 mL of apple juice, orange juice, or gingerale; **OR**
3) 1.5 packages of jam (preferred for patients on thickened fluids); **OR**
4) 5 glucose tablets (4g/table) po (patient to chew*

For SEVERE hypoglycemia in the conscious patient receiving enteral nutrition who **cannot eat**:
RN will orally administer 20g of fast acting glucose in the form of:
(1) Dex4 liquid 1 1/3 bottles (80 mL); **OR**
(2) 175ml of juice (without pulp) per PEG/NG
THEN
(3) Flush tube with 10 mL of water after juice is given. (Note: Please do not use carbonated

beverages as this can erode the feeding tube).

Note: Please do not give juices with pulp due to risk of blocking feeding tube. Please do not give carbonated fluid due to risk of tube erosion

Note: Patients taking acarbose: Give glucose tablets **OR** Dex4 liquid as advised above **OR** milk 416 mL (1 3/4 cups) **OR** honey 20 mL (1 1/3 tablespoons)

For SEVERE hypoglycemia in patient who cannot safely take PO treatment or who is unconscious: **RN** is to do the following:

(1) Call a code and notify the MRP immediately if patient is unconscious
(2) A) If intravenous access is present: Give 25g (50mL) of D50W IV push over 1-3 minutes STAT
B) If no intravenous access is present but able to establish intravenous access; immediately:
1) Insert saline lock
2) Give 25g (50mL) of D50W IV push over 1-3 minutes STAT

If no IV access possible: Give 1mg glucagon IM/SC (reconstituted) STAT

DOCUMENT the following, as applicable to the situation:

1. All capillary blood glucose results by glucose meter +/- blood glucose results from lab in progress notes.
2. All capillary blood glucose meter readings on titratable MAR (if in use).
3. Glucose administration (oral, IV, glucagon, etc.) on the Medication Administration Record.
4. Notification of the physician, nurse practitioner, or physician assistant on the patient record.
5. Patient's response to treatment.

***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.

APPENDIX C

DESIGNATED STAFF & AREAS

Updated 2019 April 02

This appendix is updated based on certification. The date noted on this appendix does not impact the preceeding content of this DCA.

Authorizer(s)	See Policy section
Patient Population	See Policy section
Area(s)	See Policy section
Instructor(s)	See Policy section

Implementers	**Date certified:**
Name	*YYYY MM DD*

*Instructor

6.0 Case Study

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 routine qid blood sugars by glucometer.

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 glucose liquid
   d. Ask the patient to use his own glucometer to check his blood sugar

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

a)	b)	c)
• Give 125ml of orange juice • Contact the prescriber 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 insulin pre meal	• Give glucose liquid(15-16g) • Document the glucometer test and treatment by the medical directive on the patient order sheet • Call the prescriber 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 pre meal.	• Give glucose liquid (20g) • Repeat blood glucose in 15 minutes • Once blood sugar is >4.0 mmol/L, ensure that Mr. W. eats ta slice of bread and peanut butter • Review with Mr. W. the importance of eating after receiving rapid-acting insulin pre meal

3. After treatment with 15-16g 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?

4.1 treat with another 15-16g of glucose
4.2 give the patient a snack of cheese and crackers
4.3 transfer care to an RN
4.4 call the prescriber

4. If this same patient's blood sugar was 4.1 mmol/L when first tested, what is the next step?

a) continue with the medical directive and give glucose liquid (15-16g)
b) obtain a serum sample to recheck the blood sugar
c) 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:

	Pt. Care Orders	**MAR**	**Pt. Care Record** **Inpatient: Flow Sheet, Interprofessional Progress Notes** **Outpatient: Face Sheet/ Outpatient Procedure Unit Flow Sheet/Interprofessional Progress Notes (if applicable)**
Glucose Meter result			
Administration of glucose liquid			
Use of the medical directive for glucose testing and treatment			
Notification of prescriber			

Answer & Discussion:

1. The answer is **A**.

   Discussion:
   The patient is exhibiting symptoms of hypoglycemia, is diabetic, conscious, able to swallow, not NPO, 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. (KHSC Clinical Policy and Procedure G-4730)

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 (KHSC Clinical Policy and Procedure G-4730) 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 be serum sample (which requires an order)

5. The answer is:

	Patient Care Orders	**MAR**	**Pt. Care Record** **Inpatient: Flow Sheet, Interprofessional Progress Notes** **Outpatient: Face Sheet/ Outpatient Procedure Unit Flow Sheet/Interprofessional Progress Notes (if applicable)**
Glucose Meter result	**X**	**Titratable MAR if in use**	**X**
Administration of glucose liquid		**X**	**X**
Use of the medical directive for glucose testing and treatment	**X**		**X**
Notification of prescriber			**X**
Patient response to treatment			**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.
- All glucose meter result(s) on the Patient Care Record.
- Glucose administration on the MAR or other documentation form.
- Notification of the prescriber on the Interprofessional Progress notes.
- If your patient is an **outpatient** you would document on the outpatient procedure record or the face sheet or Interprofessional Progress notes (if applicable).

7.0 Bibliography

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. (2017). Practice Guideline: Consent. Toronto, ON.

College of Nurses of Ontario. (2018). Practice Guideline: Directives. Toronto, ON

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 ➔ Complete the Self-Appraisal of Competency Statement in Knowledge NOW indicating that you have the knowledge, skill and judgement to initiate the medical directive for Oral Management of Hypoglycemia in patients with Diabetes (Adult).

9.0 Evaluation of the 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 Professional Practice-Nursing (Empire 2 #3-254).