This guideline DOES NOT replace either the poison center or a toxicology consult. It is very important to call 800-222-1222 to report and for further clinical assistance on all cases of possible sulfonylurea toxicity.

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Sulfonylurea Toxicity Management

1. Dextrose dosing for initial hypoglycemia correction:
   - Adult: D50 50mL (1amp)
   - Pediatric:
     - Age 30d-2yr: D10 4-5 mL/kg
     - Age >2yrs: D50 2ml/kg
     - Consider D10 4-5mL/kg due to vein irritation
   *Maximum dose 25g

2. Monitoring:
   Telemetry monitoring recommended while patient is sleeping as may be an early indicator of hypoglycemia

3. Glucose checks:
   Recommend POC glucose checks every 2h while awake and every 1h while sleeping

4. Recommend avoiding empiric dextrose infusion when monitoring for hypoglycemia as use:
   - May result in rebound hyperinsulinemic hypoglycemia in patients with intact pancreas
   - Unlikely to prevent hypoglycemia in patients that experience significant hypoglycemia
   - May create false/inorganic euglycemia
   Thus, it is preferable to monitor without dextrose supplementation

5. Octreotide:
   Dosing:
   - Adult: 50-100mcg SQ q8h
   - Pediatric: 1mcg/kg SQ q8h (max 50-100mcg)
   Considerations:
   - Low-risk patients (1-2 pill ingestions) may be at reduced risk for recurrent hypoglycemia episodes – consider foregoing octreotide
   - High risk patients (suicidal, pediatric) are at increased risk for recurrent hypoglycemic episodes – consider treating with octreotide after initial hypoglycemic episode
   - Hypoglycemia risk during first hour following octreotide administration due to delayed onset of activity
   - Continue monitoring patients for recurrent hypoglycemia 16-24h after last dose of octreotide
   - Patient’s receiving octreotide may take PO

References:

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