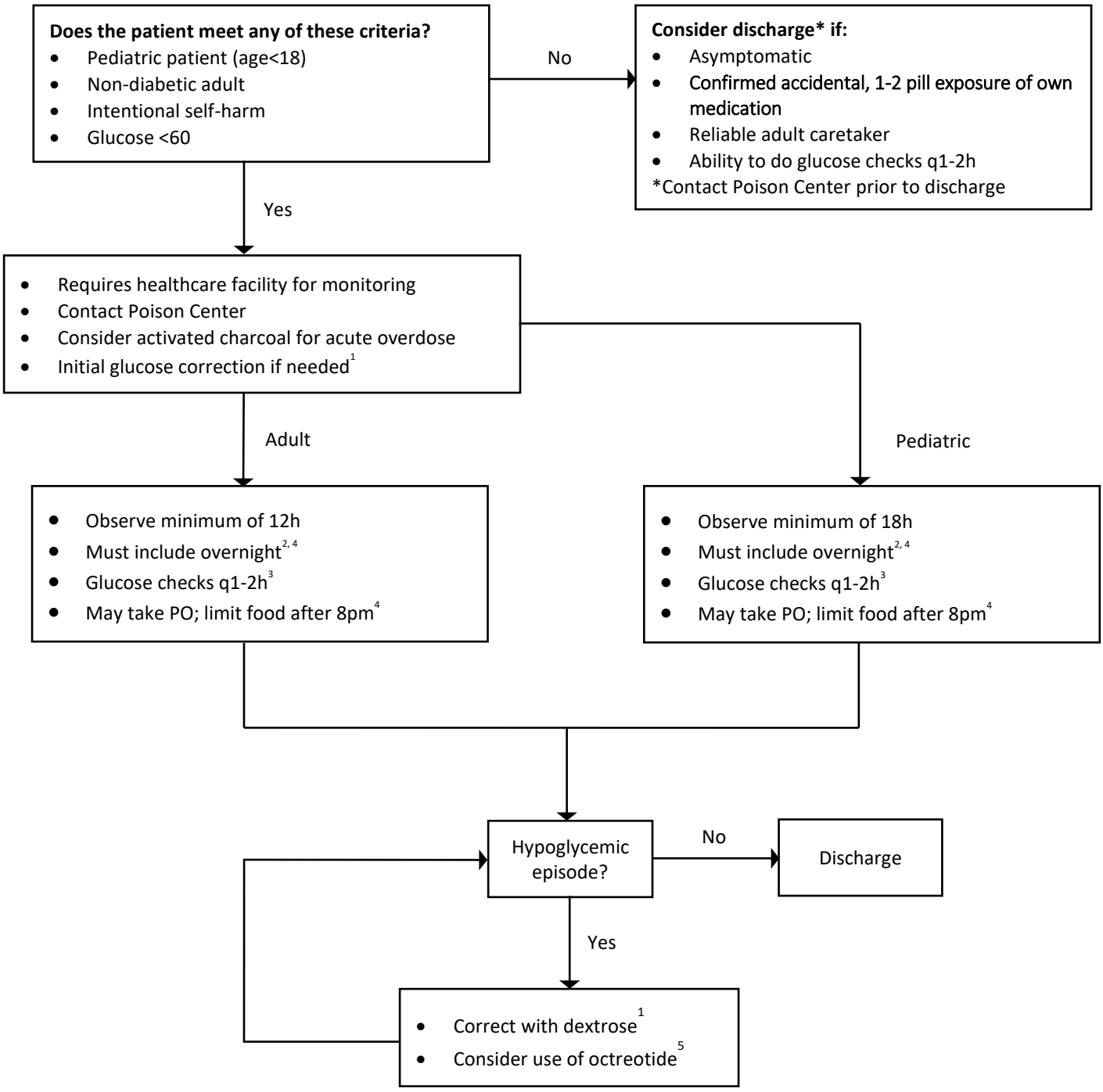
Sulfonylurea Toxicity Management



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.

This guideline was ratified by the emergency department faculty at Maine Medical Center in June 2018. It reflects our expert opinion and is not necessarily applicable to all institutions. It is intended to be a reference for clinicians caring for patients and is not intended to replace providers' clinical judgment.

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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

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