

Personal Story

Our son was diagnosed with Type 1 diabetes four years ago at the age of 12. We attended a diabetes fair at a hospital in Sacramento where we were given a tube of **gluTose 15™**. We put it in the cabinet with our son's diabetes supplies, and hoped we would never need to use it. Well, yesterday we did. We woke our son up yesterday morning and found he was somewhat conscious, but not coherent. Testing his blood sugar revealed a glucose level of 42. He was not able to drink anything, so we grabbed the **gluTose 15™** and squirted it in the side of his mouth. Slowly, he started coming around and was able to drink some fruit juice. All he remembers was how badly the fruit juice tasted. We are so thankful to have been given this little tube of **gluTose 15™**...which truly saved his life. We hope that we will never need to use it again, but realistically we may. Thank you again for this wonderful product!

Diane Couchot
Rocklin, CA

Share your Story

Share your **gluTose 15™** story with us

on-line at:

www.paddocklabs.com

or mail to:

Paddock Laboratories
Attn. DiabetesSource™
3940 Quebec Ave. N.
Minneapolis, MN 55427

We would love to share your success stories with other educators. Sharing is caring and caring saves lives.



The WebMaster

Website Options For Inquiring Minds

[www.diabetes.org/main/application/commercewf?origin=*.jsp&event=link\(C1_2b\)](http://www.diabetes.org/main/application/commercewf?origin=*.jsp&event=link(C1_2b))

American Diabetes Association
Hyperglycemia and Hypoglycemia

www.niddk.nih.gov/health/diabetes/pubs/hypo/hypo.htm

National Institute of Digestive Disease Kidney
Hypoglycemia



Hypoglycemia & You

Gail Snukst-Torbeck, RN, MSN, CDE
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Prompt treatment of hypoglycemia can prevent unnecessary mental and emotional stress and help save lives.

Definition

Hypoglycemia is considered any blood sugar level of 70 mg/dL or lower. Hypoglycemia can be further classified as mild or severe. The symptoms for mild hypoglycemia can include shaking, sweating, trembling, nausea, difficulty concentrating, irritability, nervousness, fatigue, weakness or numbness around the mouth/lips. The symptoms for severe hypoglycemia are more oppressive and one cannot self-treat. The person may be confused, lethargic, unconscious and even experience seizures.

Blood levels and symptoms, however, cannot always be used to describe the severity of the a hypoglycemic episode since all individuals react differently. The same individual may react differently to the same blood sugar levels at different times. This is why it is important to treat not only the blood sugar level, but also the individual's symptoms.

Prevention

It should be noted that even mild hypoglycemic reactions can be extremely stressful to an individual and can alter the way he treats his diabetes. Review of the experience should include recognition of early signs and symptoms of a low sugar plus a prompt and correct treatment protocol. Some patients may not experience or detect any signs or symptoms of hypoglycemia, even when their sugar is below 50 mm/dL. If a patient is not experiencing any symptoms despite a low reading on his glucose meter, he may think he does not need treatment. EARLY treatment at the first signs of a low sugar must be stressed. Delay may result in severe hypoglycemia. Patients should understand that all low sugars must be treated. Patients should also be instructed to always carry some form of carbohydrate with them at all times. **gluTose 15™** is an excellent choice since its easy to use and carry.

Episodes and Risk

People who take medication to control their diabetes will probably experience a hypoglycemic reaction some time in their lives. Many people mistakenly believe that a severe hypoglycemic reaction can occur only in those individuals who are taking insulin. In fact, individuals on oral medications who experience a severe hypoglycemic reaction have a mortality rate of 10%. For those on oral medication, the risk of hypoglycemia is highest with the use of sulfonylureas; chlorpropamide and glyburide being at the top of the list. The risk is less with monotherapy of acarbose, pioglitazone HCl or rosiglitazone maleate. In individuals with type 1 diabetes who take insulin, hypoglycemia is the most common complication. Some studies indicate an episode can occur weekly in this group. In people with type 2 diabetes, the risk for hypoglycemia is greatest among the elderly, malnourished or those with renal impairment.

Inform patients that even after their sugar returns to normal, it may take 30 minutes to several hours for normal mental and motor functions to return. This time frame will depend on the severity of the episode.



Mark Your Calendar!

Upcoming Meetings

American Diabetes Association

Regional Postgraduate Course

- ◆ October 20, 2001
Dallas, TX

American Diabetes Association

Annual Advanced Postgraduate Course

- ◆ February 1-3, 2001
San Francisco, CA

Diabetes Management for Nurse Practitioners: Clinical Strategies and Solutions

A Professional Symposium

October 4-5, 2001
International Diabetes Center
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Join us to learn more about:

- ◆ understanding the underlying defects and natural history of diabetes.
- ◆ establishing a comprehensive diabetes management plan for individuals.
- ◆ identifying psychological barriers for enhanced diabetes management and *much more!*

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- ◆ Full and Half Marathon

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Warn patients that caffeine may heighten one's awareness of the symptoms of hypoglycemia. On the contrary, alcohol may decrease one's awareness of the symptoms of hypoglycemia.

Causes and Treatment

Some of the common causes of hypoglycemia are: change in medication, skipping or delaying meals or snacks, attempts to maintain normoglycemia, increase in exercise, and irregular carbohydrate intake at meals. Individuals often ignore the initial symptoms for reasons such as inconvenience, embarrassment or ignorance.

The causes and treatment for hypoglycemia should be thoroughly reviewed with patients and their family. Patients should be instructed to keep a record of the time and incidence surrounding the episode. Discussion with their Personal Care Provider is encouraged. Teach patients that when the first warning signs of hypoglycemia appear, prompt treatment should begin. A snack containing 15 grams of glucose should be taken at once. Suggestions include: 1/2 glass juice, 1 cup skim milk, 2 tablespoons of raisins, 1/2 glass of regular soda, 6-8 lifesavers, 1 tablespoon of honey or GLUTOSE 15™. GLUTOSE 15™ is especially handy because it is easy to carry in your purse, in your briefcase or in your car. It will not melt and there is no guess work on how much sugar to ingest. It is also easy to administer and swallow. Advise the patient to check his blood sugar in 15-30 minutes to assure that his level is above 70 mg/dL. If it is still low, he will need to repeat the treatment. If his next meal is over one hour away, advise him to have a snack with one carbohydrate and one protein.

GLUTOSE 15™

With the introduction of GLUTOSE 15™ to our medical facility, all the "guess work" for treatment of mild hypoglycemia has been removed. When a patient is in the hospital and experiencing symptoms of mild hypoglycemia, the nurse immediately treats with GLUTOSE 15™. GLUTOSE 15™ is stored in the treatment room on all units and on the medication cart. It saves the nurse time and the patient further discomfort. There is also no mistake regarding the amount of glucose administered. In the past, orange juice, Kool-Aide® and even Ensure® were administered. The amount given would vary greatly depending on many factors; patients' reaction to the situation, stress level of nurse or patient, or what was currently available and handy. Many times, not enough sugar or too much sugar is given to treat hypoglycemia. There were reports that sugar packets were added to the juice or cool aide in certain areas and situations.

At our medical center we are using GLUTOSE 15™ which has helped to unify our treatment program making patient care easier and safer. Since GLUTOSE 15™ became available in our medical center, confusion on administering the proper amount of glucose has been eliminated. This situation bolsters the confidence levels of the nursing staff and the health of our patients. Providing excellent patient care is our mission, and GLUTOSE 15™ has given us one more tool to help us accomplish this goal.

W a n t e d . . .

DiabeteSource™ Authors

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GLUTOSE 15™

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