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To: ALL HEALTH CARE PROFESSIONALS

From: Ron Kirschner, MD, Medical Director, Nebraska Regional Poison Center

Subject: Oral agents for diabetes - Sulfonylureas

Date: 3/3/15

- Sulfonylureas are oral diabetes medications that stimulate increased insulin release from the pancreas.
- When ingested by a non-diabetic sulfonylureas frequently cause hypoglycemia.
- Hypoglycemia usually occurs within 8 hours, but is sometimes delayed up to 16 hours.
- Small children are particularly at risk during the overnight period when they are fasting and not being observed.
- Children or non-diabetic adults who accidentally ingest someone else's sulfonylurea should be observed in the hospital for serial glucose checks every 1-2 hours.
- Intravenous access should be obtained but prophylactic IV dextrose is not recommended as this may delay the onset of hypoglycemia and stimulate further insulin release.
 - Patients should be given free access to a normal diet.
- If hypoglycemia occurs, a dextrose bolus should be given followed by an infusion of 10-20% dextrose.
 - For adults and older children the bolus can be given as D50 1-2 mL/kg; children age ≤ 5 years should be given D25 2-4 mL/kg over 1-2 min, and glucose should continue to be monitored.
 - Once the patient has been euglycemic for 24 h, glucose can be monitored off IV dextrose.
- If the patient becomes hypoglycemic, octreotide can be given to inhibit further pancreatic insulin release.
 - The usual dose is 1-1.5 mcg/kg SQ q 6 hours (children) or 50 mcg/kg q 6 h for adults.
 - After unintentional sulfonylurea ingestion patients often need between 1 and 4 doses but this is variable and should be guided by continued glucose checks.
- Patients who are euglycemic should be observed in the hospital for a minimum of 8 hours after IV dextrose and octreotide (if given) have been discontinued.

References

Dougherty PP *et al.* Evaluation of octreotide for sulfonylurea overdose. *Pediatr Emerg Care* 2013; 29: 292.
Glatstein M *et al.* Octreotide for treatment of sulfonylurea poisoning. *Clin Toxicol* 2012; 50: 795.
Levine M *et al.* Hypoglycemia after accidental sulfonylurea ingestions. *Pediatr Emerg Care* 2011; 27: 846.
Lung DD, Olson KR. Hypoglycemia in pediatric sulfonylurea poisoning. *Pediatrics* 2011; 127: e1558.

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