



Building Trust Around Hypoglycemia

A Clinical Conversation Guide for Healthcare Professionals

This resource empowers healthcare professionals with compassionate, practical strategies to strengthen trust, foster open and supportive conversations, and partner with people living with diabetes to reduce the risk of hypoglycemia, helping them live fuller, more confident lives with diabetes.

→ Understanding Hypoglycemia

Hypoglycemia is a common experience for many people living with diabetes, and bringing it up in conversation is a powerful way to show genuine care, understanding, and commitment to their wellbeing—never judgment.

Defining Hypoglycemia

LEVEL	GLYCEMIC CRITERIA
1	<70 mg/dL (<3.9 mmol/L) and ≥54 mg/dL (≥3.0 mmol/L)
2	<54 mg/dL (<3.0 mmol/L)
3	A severe event characterized by altered mental and/or physical status requiring assistance for the treatment of hypoglycemia, irrespective of blood glucose level

Hypoglycemia ICD-10 Codes

E16.0	Drug-induced hypoglycemia without coma
E16.1	Other hypoglycemia
E16.2	Hypoglycemia, unspecified
E16.A1	Hypoglycemia level 1
E16.A2	Hypoglycemia level 2
E16.A3	Hypoglycemia level 3
E10.64*	Type 1 diabetes mellitus with hypoglycemia
E11.64*	Type 2 diabetes mellitus with hypoglycemia

*Codes E10.64 and E11.64 require further specificity for coding, such as presence or absence of coma.

→ Preparing for the Conversation

- Consider a pre-visit questionnaire and review responses before the visit.
 - ◆ Ask about recent hypoglycemia events and include an easy-to-understand definition of a severe hypoglycemic event.
- For example: *A severe hypoglycemic event is when your blood glucose gets so low that you need someone else's help to recover. It can cause mental confusion or fainting.*



PRO TIP:

- **Clearly outline what is considered severe hypoglycemia. Many people equate severe hypoglycemia with emergency services or hospital visits. Emphasize that any low requiring another person's help to recover—regardless of glucose level or degree of assistance—is what defines a severe event.**

→ Initiating the Discussion

- **Create a safe space for open dialogue:** Consider starting the discussion by asking them about positive experiences around managing their blood glucose levels.
- **Invite sharing:** Invite the person to share any recent experiences with low blood glucose.
- **Normalize and reassure:**
 - ◆ Warmly reassure the person that hypoglycemia is a common experience that can happen to anyone living with and managing diabetes and that it's never a sign of personal failure or something to feel ashamed about.
 - ◆ Highlight how brave and proactive they are for opening up about it, and emphasize that sharing these experiences together allows us to work as a team to adjust their care, prevent future episodes, and help them feel safer, stronger, and more confident.
- **Ask directly about severe lows:** Include a time frame to make questions specific and easier to answer (e.g., "since your last visit").



Ask Many people with diabetes successfully manage their lows and keep doing the things they love. In the past three months, have you had a low or severely low blood glucose episode where it was a bit hard to think or act clearly and you needed a little help from someone to treat it? If so, what worked well for you in managing it?

PRO TIP:

- **Use a structured checklist or electronic health record that prompts to capture hypoglycemia frequency, rescue therapy access (e.g., glucagon), and prevention strategies, to ensure consistency and reduce missed details.**

→ Responding to Reported Severe Hypoglycemia

Discuss the event to inform risk-reduction strategies.

Ask Can we walk through what happened together? I really appreciate you sharing this with me—it takes strength to open up. By understanding the details side by side, we can discover the best strategies to keep you feeling safe and confident moving forward.

Ask Do you remember anything that might have contributed to your low blood glucose, like changes in insulin, activity, or meals? This helps us tailor your care.

PRO TIP:

- **Reassure them that hypoglycemia is not their fault. Focus on collaborative strategies to reduce risk and build confidence. Acknowledging what went well during their response can help reinforce confidence and encourage openness.**

➔ Assessing Frequency and Awareness of Hypoglycemia

Assess how often hypoglycemia occurs and how it's managed to guide safety planning.

Say My goal is to help reduce your risk and keep you feeling confident managing and living with diabetes.

Ask To help us make sure we're meeting your needs, how often have you experienced low blood glucose?

Ask How do you—or someone else—typically treat your low blood glucose?



Assess for impaired awareness of hypoglycemia (IAH).

IAH increases risk for severe episodes and requires tailored education.

Ask Have you ever had low blood glucose without feeling symptoms?

Ask At what blood glucose level (meaning the number) do you typically notice or start to feel symptoms—or do you have trouble noticing them or not notice them at all?

PRO TIP:

- **Encourage openness. Reporting lows helps create an individualized care plan and improve safety. Many people feel reluctant or embarrassed, so proactive questions both show you care and reduce risk.**

➔ Reviewing Data and Safety Measures

- Review blood glucose data to identify patterns and guide safety strategies.
 - ◆ Assess hypoglycemic events and time below range using continuous glucose monitor (CGM) or blood glucose meter (BGM) data. Avoid relying solely on CGM downloads, especially if limited to the last 14 days.
- Review fast-acting carbohydrates.
 - ◆ Confirm the person has quick access to fast-acting carbohydrates like glucose tablets, gels, juice, regular soda, or hard candy.
 - ◆ Reinforce the 15-15 rule: Consume 15 grams of carbohydrates, wait 15 minutes, then recheck blood glucose.
- Discuss rescue therapies.
 - ◆ At each visit, ensure glucagon is prescribed, accessible, not expired, and the person feels confident using it. Ask about family, friends, or coworkers being knowledgeable on where it is, how to use it, and that it is recommended to call 911 after administering.
 - ◆ Glucagon preparations that do not have to be reconstituted (e.g., intranasal or ready-to-inject preparations) are preferred for their ease of administration.



➔ Medication Adjustments After Severe Hypoglycemia

If a person experiences severe hypoglycemia, review medications and treatment goals to reduce further risk and improve their health and safety.

Say Severe hypoglycemia can happen with certain medications like insulin. My goal is to work with you to help reduce this risk and keep you healthy and safe.

Step	Recommendation
Review Blood Glucose Data	Look for patterns in BGM, or preferably CGM, data.
Adjust Glycemic Targets if Needed	Consider a higher A1C target when there is a history of severe, recurrent, or unpredictable hypoglycemia.
Medication Evaluation	Medications that contribute most to hypoglycemia are insulin and insulin secretagogues. ◆ Based on patterns, determine if one of these medications needs to be adjusted. Utilize other blood glucose-lowering medications such as metformin, SGLT2 inhibitors, GLP-1 receptor agonists, dual GIP and GLP-1 receptor agonists, DPP-4 inhibitors, and pioglitazone, when possible, over sulfonylureas and meglitinides. The latter two stimulate insulin release and can directly cause hypoglycemia.
Technology Optimization	Discuss technology such as CGM, insulin pumps, and automated insulin delivery (AID) systems to improve glycemic outcomes, reduce hypoglycemia, increase time in range, and enhance quality of life. Emphasize person-centered care, early adoption, and ongoing support to maximize benefits. Encourage exploring coverage under one's medical/durable medical equipment (DME) benefits.
Reassessment	Review at least every three months, or reevaluate more frequently, especially after a severe event.

PRO TIP:

- **Reassure the person that your goal is their safety. Start by acknowledging what's working well before discussing changes. Positive reinforcement builds trust.**

➔ Documentation Guidance

Accurate documentation of hypoglycemia episodes guides treatment decisions and supports access coverage of various therapies and technologies.

- Record all hypoglycemia episodes and severity in the health record.
- Apply appropriate ICD-10 codes to ensure accurate classification and coverage.
- Note any medication changes or safety measures taken.
- Document education provided about hypoglycemia and treatment.
- Include next steps and follow-up plans to reinforce continuity of care.



Your proactive approach matters—every conversation improves wellbeing, safety, and confidence. By asking, listening, and guiding, you create a safe place for open dialogue and reporting of severe lows.