



- To: Physicians, Nurses, and Other Health Care Providers in The Federated States of Micronesia
 - From: Education Team, Nebraska Poison Center
 - Subject: Sulfonylureas
 - Date: November 2023
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Sulfonylureas

- **SULFONYLUREAS**: Sulfonylureas are medications that treat Type 2 diabetes in adults. Symptoms include hypoglycemia, nausea, fatigue, headache, dizziness, tremors, diaphoresis, and tachycardia. More severe symptoms include seizures, altered mental status, coma, and dysrhythmias.
- When ingested by non-diabetic patients, sulfonylureas frequently cause hypoglycemia. Yet, patients with diabetes and longstanding poor glycemic control may become symptomatic at more “normal” glucose levels.
- **DELAYED SYMPTOMS**: 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.
- **ACTIVATED CHARCOAL**: If available, give activated charcoal 1 gram/kg within 2 hours of ingestion, only if the patient is alert and able to protect their airway.
- **GLUCOSE CHECKS**: 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**: IV access should be obtained but prophylactic IV dextrose is not recommended as this may delay the onset of hypoglycemia and stimulate further insulin release.
- **NORMAL DIET**: Patients should be given free access to a normal diet.
- **HYPOGLYCEMIA**: If hypoglycemia occurs, (blood glucose of less than 60 mg/dl or if patient is symptomatic) a dextrose bolus should be given followed by an infusion of 10-20% dextrose.
- **IV DEXTROSE**: 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. An infusion of 10-20% dextrose and titrate rate to maintain euglycemia. After blood glucose levels have been stable for 6-8 h, gradually taper the rate of infusion with continued monitoring of blood glucose. If the patient becomes hypoglycemic, octreotide can be given to inhibit further pancreatic insulin release.
- **OCTEOTIDE**: If available, 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.
- **OBSERVATION TIME**: minimum of 16 h **AND** at least 8 h after last dose of octreotide and IV dextrose has been stopped to ensure hypoglycemia does not recur.

To reach a Registered Nurse, dial 288, wait for the operator, then dial 888-222-4516. We are available to assist you with any poisoning, or even questions 24 hours a day.