Alberta Health Services

PROCEDURE

TITLE
TREATMENT OF HYPOGLYCEMIA - ADULT

SCOPE
Provincial: Acute Care

DOCUMENT #
HCS-206-01

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Glycemic Management – Adult Policy (#HCS-206)

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To support assessment, early recognition, and prompt intervention for adult **patients** experiencing a hypoglycemic event, presenting to or admitted to an Alberta Health Services (AHS) Acute Care setting, including Intensive Care Units, Emergency Departments, Urgent Care Centres, Day Wards, and Addiction and Mental Health Inpatient Units.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

1.1 This Procedure may be used in non-Acute Care settings. Site or Unit **Managers** are responsible for determining whether this Procedure in whole or in part is appropriate for their patient care setting and communicating relevant information out to **AHS representatives**.

1.2 Treatment is for all patients with a blood glucose less than 4.0 millimoles per litre (mmol/L), who meet the criteria below:

a) patients with diabetes or gestational diabetes, even those who have no symptoms, who are on at least one (1) of the following medications: insulin or insulin secretagogues (e.g., glyburide, gliclazide, glimepiride, or repaglinide); or

b) patients without diabetes who have symptomatic hypoglycemia due to insulin or insulin secretagogue overdose (e.g., glyburide, gliclazide, glimepiride, or repaglinide), malnutrition, liver failure, or more rare conditions (e.g., insulinoma, late dumping syndrome).

1.3 This hypoglycemia procedure should not be applied to:

a) patients with diabetes who are not taking insulin or insulin secretagogues (e.g., glyburide, gliclazide, glimepiride or repaglinide); and

b) patients who do not have diabetes (since healthy people who are fasting can have blood glucose levels below 4.0 mmol/L);

(i) except those patients without diabetes who have symptomatic hypoglycemia due to insulin or insulin secretagogue overdose (e.g., glyburide, gliclazide, glimepiride, or repaglinide), malnutrition, liver failure, or more rare conditions (e.g., insulinoma, late dumping syndrome).

1.4 An **order** is not required to implement this Procedure, provided that a **health care professional** has determined that the patient meets the specific circumstances and implementation criteria outlined within this Procedure.

Exception: A patient-specific order is required from the **most responsible health practitioner (MRHP)** to administer dextrose 50 percent in water (D50W) via intravenous (IV), as this is a **Schedule 1 medication**; however, this should not delay treatment. In emergent situations where it is not possible to obtain an order prior to administering D50W, obtaining an order may happen at the same time as treating the patient with D50W via IV.

1.5 Blood glucose targets are 5.0 – 10.0 mmol/L for the majority of non-critically ill adult patients, as long as these targets can be safely achieved. Refer to the AHS *Glycemic Management - Adult* Policy for details on caring for patients for whom these targets do not apply.

1.6 It is important to avoid overtreatment of hypoglycemia as this can result in rebound hyperglycemia.

1.7 The patient should not be sent off the unit, especially for physical activity, until:

a) their blood glucose is greater than or equal to 4.0 mmol/L after treatment; and

b) they have had the opportunity to have a snack or meal containing carbohydrate and protein (or parenteral nutrition [PN] or tube feed is re-established).

1.8 Holding of insulin requires an order from the MRHP.

1.9 Holding basal or bolus insulin after a hypoglycemic event commonly results in significant hyperglycemia three (3) – four (4) hours later.

1.10 Treatment of hypoglycemia shall be initiated when a patient's blood glucose reading is below 4.0 mmol/L. The patient may or may not have symptoms of hypoglycemia. Refer to Appendix A: *Adult Hypoglycemia Treatment Algorithm*.

1.11 Timing of insulin administration should be coordinated with meals and blood glucose testing in the following order:

a) blood glucose testing should be done within 30 minutes prior to meals; and

b) meal/bolus and correction insulin should be administered based on this test no more than 30 minutes prior to meals in most instances.

(i) Short-acting insulin should be given 30 minutes prior to a meal.

(ii) Rapid-acting insulin should be given just before a meal.

(iii) Meal/bolus insulin may be given immediately after the meal/feed in certain situations (e.g., gastroparesis or concern that the patient may not be able to ingest or retain the full meal).

1.12 Capillary blood is not recommended for blood glucose testing for patients with severely impaired peripheral circulation (e.g., hypovolemia, shock).

1.13 Blood glucose testing may be repeated and/or verified by laboratory serum testing at the health care professional's discretion if the point-of-care testing (POCT) blood glucose reading is:

a) inconsistent with the patient's clinical status (e.g., the patient is not exhibiting signs and symptoms of hypoglycemia); or

b) suspected to be related to equipment failure.

c) Verification is not required for a patient who is known to have asymptomatic hypoglycemia or hypoglycemia unawareness and the blood glucose meter result is less than 4.0 mmol/L.

2. Personnel

2.1 Care and management of hypoglycemic patients shall be provided by all health care professionals within their scope of practice.

2.2 **Point-of-care testing (POCT)** with an AHS blood glucose meter shall be performed by health care providers who have received appropriate glucose meter clinical education and training and have maintained the ongoing competency requirements.

3. Identification of Hypoglycemia

3.1 Hypoglycemia is defined by a blood glucose level of less than 4.0 mmol/L. This is most often seen in patients treated with insulin or an insulin secretagogue (e.g., glyburide, gliclazide, glimepiride, or repaglinide).

3.2 A hypoglycemic state may be asymptomatic or symptomatic.

3.3 Symptoms of hypoglycemia may include, but are not limited to:

a) Early/non-severe symptoms: headache, mood changes, irritability, tremors, tiredness, tachycardia, excessive hunger, diaphoresis, pallor, paresthesia, and/or inability to concentrate.

b) Advanced/severe symptoms may include all of the early/non-severe symptoms as well as: being unable to recognize and treat hypoglycemia by self, disorientation, altered level of consciousness (including unconscious state), and/or seizure.

4. Treatment of Hypoglycemia in Conscious Patients Who are Able to Swallow (Including Patients with a Tube Feed)

4.1 Refer to Appendix A: *Adult Hypoglycemia Treatment Algorithm*.

a) For patients who are ordered nothing by mouth (NPO), follow the section of the algorithm for Altered Consciousness / Unable to Swallow.

4.2 Where the health care professional identifies a state of hypoglycemia, treatment shall be initiated as per this Procedure.

4.3 The MRHP shall be contacted and informed if the patient's condition changes to an advanced/severe state of hypoglycemia, and when otherwise specified in this Procedure.

4.4 Provide 15 grams (g), or as close as possible, of a quick-acting carbohydrate. Choose one (1) of the following:

a) four (4) glucose (dextrose) tablets (16 g of carbohydrate);

b) three-quarters (3/4) cup or 175 millilitres (mL) juice or regular pop;

c) one and one-half (1½) individual packages of honey (or 15 mL, which provides 18 g of carbohydrate); or

d) four (4) packets (four [4] g of carbohydrate per package, providing 16 g of carbohydrate) of sugar dissolved in water.

Exceptions:

- If the patient is taking acarbose (e.g., Glucobay) for glycemic control, use glucose (dextrose) tablets or honey only, as acarbose delays the absorption of sucrose.

- If the patient has a tube feed and is unable to have nutritional intake by mouth, provide four (4) glucose (dextrose) tablets crushed and dissolved in water via tube feed and flush with 30 mL water (pre- and post-treatment).

- For patients requiring thickened fluids, provide thickened juice (see Section 4.4[b] above) based on the thickness indicated in the patient's diet order.

4.5 Repeat blood glucose test in 15 minutes:

a) If the patient's blood glucose result is below 4.0 mmol/L, repeat treatment with 15 g of quick-acting carbohydrate.

(i) Re-test in 15 minutes.

(ii) If blood glucose remains below 4.0 mmol/L, contact the MRHP for further treatment.

- If the patient becomes unresponsive or has an altered level of consciousness, proceed to Section 5 of this Procedure.

b) If the patient's blood glucose result is greater than or equal to 4.0 mmol/L and the next meal is more than one (1) hour away, provide a snack consisting of approximately 15 g of carbohydrate and a protein source. Choose one (1) of the following suggested snack options:

(i) three (3) packages of soda crackers (two [2] crackers per package) with either:

- one (1) package of peanut butter (one [1] tablespoon or 15 g per package); or

- one (1) package of cheese (one [1] ounce or 30 g per package);

(ii) two (2) packages of arrowroot cookies (two [2] cookies per package) with either:

- one (1) package of peanut butter (one [1] tablespoon or 15 g per package); or

- one (1) package of cheese (one [1] ounce or 30 g per package);

(iii) one (1) slice of toast/bread with either:

- one (1) package of peanut butter (one [1] tablespoon or 15 g per package); or
- one (1) package of cheese (one [1] ounce or 30 g per package);

(iv) one-half (1/2) of a meat or cheese sandwich (one [1] slice of bread and one [1] ounce or 30 g of meat or cheese); or

(v) one (1) container of smooth Greek yogurt (100 g).

Exceptions:

- For patients with dysphagia on a dysphagia soft/minced/pureed diet, provide:
  - one (1) container of Ensure or Boost pudding (113 g / 142 g); or
  - one (1) container of smooth Greek yogurt (100 g).

  If neither is available, discuss appropriate snack options with the Dietitian or MRHP.
- For patients on tube feed:
  - if tube feed is continuous, continue regular feeding at established rate; or
  - if tube feed is intermittent, give 100 mL bolus of ordered formula and resume feeding at the next scheduled time.

(vi) If none of the recommended options are appropriate for the patient, discuss the best snack options with the Dietitian or MRHP.

c) If the patient's blood glucose result is greater than or equal to 4.0 mmol/L and the next meal is <u>less</u> than one (1) hour away, give the meal <u>only</u> and do not provide a snack.

4.6 Document patient's symptoms, treatment provided, and response to treatment in the patient's **health record** as soon as possible.

4.7 Notify the MRHP, at the next contact, regarding the patient's hypoglycemic event.

4.8 Repeat blood glucose test one (1) hour after the hypoglycemic event.

4.9 Resume insulin schedule or other anti-hyperglycemic medications unless otherwise ordered. Contact the MRHP if further clarification of the medication order is required.

5. Treatment of Hypoglycemia in Patients with Altered Consciousness / Unable to Swallow (Including Patients Who are NPO)

5.1 Refer to Appendix A: *Adult Hypoglycemia Treatment Algorithm*.

5.2 Where the health care professional identifies an advanced/severe state of hypoglycemia, the MRHP shall be contacted and informed of the patient's change in status.

a) A patient-specific order from the MRHP is required to administer D50W via IV, as this is a Schedule 1 medication; however, this should not delay treatment. In an emergent situation, obtaining an order can happen at the same time as treating the patient with D50W via IV.

5.3 If the patient has an altered level of consciousness, place the patient in the recovery position to maintain an open airway.

5.4 If the patient does not have IV access, attempt to establish in a large vein (e.g., antecubital vein). Avoid using small peripheral veins for the administration of IV D50W as this hyperosmolar solution can cause extravasation and consequential complications including tissue injury and loss of limb.

a) If unable to initiate IV within two (2) minutes, administer one (1) milligram (mg) glucagon subcutaneously (SC) or intramuscularly (IM) and continue to attempt IV access. Administer glucagon while the MRHP is being contacted regarding the patient's condition. Do not delay treatment.

5.5 Once IV access is established in a large vein (e.g., antecubital vein) or central line, administer one (1) pre-filled 50 mL syringe of D50W (25 g of dextrose) via direct IV over one (1) to three (3) minutes, as per the AHS *Provincial Parenteral Manual*.

a) If the health care professional is unable to administer D50W via direct IV, add 50 mL of D50W (25 g of dextrose) to a 50 mL mini-bag of dextrose five (5) percent in water (D5W) or 0.9 percent normal saline (NS) and infuse over 15 to 20 minutes, as per the AHS *Provincial Parenteral Manual*.

b) If a smaller peripheral vein is the only IV access, infuse D50W (25 g of dextrose) in a 50 mL mini-bag of D5W or NS and infuse over 30 minutes, as per the AHS *Provincial Parenteral Manual*.

c) A patient-specific order from the MRHP is required to administer dextrose D50W via IV, as this is a Schedule 1 medication; however, this should not delay treatment. In an emergent situation, obtaining an order can happen at the same time as treating the patient with IV D50W.

5.6 Following administration of D50W, infuse IV with D5W at 30 millilitres per hour (mL/h) to keep the vein open, or at the rate ordered by the MRHP.

5.7 Repeat blood glucose test in 15 minutes.

a) If blood glucose is greater than or equal to 4.0 mmol/L and the patient is conscious, proceed to Section 5.8 of this Procedure.

b) If blood glucose is below 4.0 mmol/L and the patient is conscious and able to swallow:

(i) Provide 15 g (or as close as possible) of a quick-acting carbohydrate. Choose one (1) of the following:

- four (4) glucose (dextrose) tablets (16 g of carbohydrate);
- three-quarters (3/4) cup or 175 mL of juice or regular pop;
- one and one-half (1½) individual packages of honey (or 15 mL, which provides 18 g of carbohydrate); or
- four (4) packets of sugar (four [4] g of carbohydrate per package, providing 16 g of carbohydrate), dissolved in water.

Exceptions:

- If the patient is taking acarbose (e.g., Glucobay) for glycemic control, use glucose (dextrose) tablets or honey only, as acarbose delays the absorption of sucrose.
- If the patient has a tube feed and is unable to have nutritional intake by mouth, provide four (4) glucose (dextrose) tablets crushed and dissolved in water via tube feed and flush with 30 mL water (pre- and post-treatment).
- For patients requiring thickened fluids, provide thickened juice (see Section 4.4b) above) based on the thickness indicated in the patient's diet order.

(ii) Repeat blood glucose test in 15 minutes.

- If the patient's blood glucose result is less than 4.0 mmol/L, repeat treatment with 15 g of quick-acting carbohydrate.
- Re-test in 15 minutes.
- If blood glucose remains below 4.0 mmol/L, contact the MRHP for further treatment orders.

c) If blood glucose is below 4.0 mmol/L, and the patient continues to have an altered level of consciousness, is unable to swallow or is NPO, and IV access is established, repeat administration of IV D50W (25 g of dextrose) followed by:

(i) a repeat blood glucose test in 15 minutes; and

(ii) contacting the MRHP for further treatment if blood glucose remains below 4.0 mmol/L.

d) If blood glucose is below 4.0 mmol/L, and the patient continues to have an altered level of consciousness, is unable to swallow or is NPO, and there is no IV access, repeat administration of one (1) mg glucagon SC or IM followed by:

(i) continued attempts to establish IV access;

(ii) a repeat blood glucose test in 15 minutes; and

(iii) contacting the MRHP for further treatment if blood glucose remains below 4.0 mmol/L.

5.8 Once blood glucose is greater than or equal to 4.0 mmol/L:

a) If the patient is conscious, able to swallow, and the next meal is less than one (1) hour away, give the meal only and do not provide a snack.

b) If the patient is conscious, able to swallow, and the next meal is more than one (1) hour away, provide a snack consisting of approximately 15 g of carbohydrate and a protein source. Choose one (1) of the following suggested snack options:

(i) three (3) packages of soda crackers (two [2] crackers per package) with either:

- one (1) package of peanut butter (one [1] tablespoon or 15 g per package); or
- one (1) package of cheese (one [1] ounce or 30 g per package);

(ii) two (2) packages of arrowroot cookies (two [2] cookies per package) with either:

- one (1) package of peanut butter (one [1] tablespoon or 15 g per package); or
- one (1) package of cheese (one [1] ounce or 30 g per package);

(iii) one (1) slice of toast/bread with either:

- one (1) package of peanut butter (one [1] tablespoon or 15 g per package); or

- one (1) package of cheese (one [1] ounce or 30 g per package);

(iv) one-half (1/2) of a meat or cheese sandwich (one [1] slice of bread and one [1] ounce or 30 g of meat or cheese); or

(v) one (1) container of smooth Greek yogurt (100 g).

Exceptions:

- For patients with dysphagia on a dysphagia soft/minced/pureed diet, provide:
  - one (1) container of Ensure or Boost pudding (113 g / 142 g); or
  - one (1) container smooth Greek yogurt (100 g).
- For patients on tube feed:
  - if tube feed is continuous, continue regular feeding at established rate; or
  - if tube feed is intermittent, give 100 mL bolus of ordered formula and resume feeding at next scheduled time.

(vi) If none of the recommended options are appropriate for the patient, discuss the best snack options with the Dietitian or MRHP.

c) If the patient is receiving PN, continue PN, infuse IV with D5W at 30 mL/h to keep the vein open (or at the rate ordered), and notify the MRHP. If PN is not running, then infuse 150 mL bolus of dextrose 10 percent in water (D10W) over one (1) hour and contact the MRHP for ongoing orders.

d) If the patient is NPO or unable to swallow and has IV access, infuse 150 mL bolus of D10W over one (1) hour and contact the MRHP for ongoing orders.

e) If the patient is NPO or unable to swallow and does not have IV access, discuss treatment options and nutrition plan with the MRHP and/or Dietitian.

5.9 Document the patient's symptoms, treatment provided, and response to treatment in their health record as soon as possible.

5.10 Repeat blood glucose test one (1) hour after a blood glucose of 4.0 mmol/L or greater has been established.

5.11 Resume insulin schedule or other anti-hyperglycemic medications unless otherwise ordered. Contact the MRHP if further clarification of the medication order is required.

6. Ongoing Patient Monitoring and Education

6.1 Once the patient's glycemic status has stabilized, resume routine blood glucose monitoring and/or increase monitoring as ordered.

6.2 Discontinue IV when no longer required, as per the MRHP order.

6.3 Review the recent hypoglycemic event and look at efforts to prevent a recurrence.

6.4 Review patient understanding of their situation and provide education/training as required.

6.5 It is not recommended that basal insulin and/or other anti-hyperglycemic medication be withheld; however, adjustments to insulin regime or other anti-hyperglycemics may be required.

6.6 Refer patient for diabetes education and/or to a diabetes specialist, when available and appropriate.

7. Documentation

7.1 The following information shall be documented in the patient's health record:

a) all blood glucose test results;

b) associated patient symptoms observed or reported;

c) any treatment provided, including interventions and medications administered to control or manage the patient’s hypoglycemic event;

d) notification of the other members of the health care team;

e) possible contributing factors and other observations; and

f) patient and family teaching provided.

DEFINITIONS

AHS representative means Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Professions Act* (Alberta), and who practices within scope and role.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Most responsible health practitioner (MRHP) means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s), within the scope of their practice.

Order means a direction given by a regulated health care professional to carry out specific activity(-ies) as part of the diagnostic and/or therapeutic care and treatment, to the benefit of a patient. An order may be written (including handwritten and/or electronic), verbal, by telephone or facsimile.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Point-of-care testing (POCT) means any testing that typically occurs outside a designated laboratory environment, and is completed nearer to, or at the site of the patient/client. This includes all testing performed by non-laboratory personnel regardless of the location of the examination.

Schedule 1 medication means the medications that are defined by the National Association of Pharmacy Regulatory Authorities (NAPRA) and provincial legislation as requiring a prescription or order from an authorized prescriber.

REFERENCES

- Appendix A*: Adult Hypoglycemia Treatment Algorithm*
- Alberta Health Services Governance Documents:
  - *Glycemic Management - Adult* Policy (#HCS-206)
  - *Point-of-Care Testing (POCT)* Policy (#PS-90)
- Alberta Health Services Resources
  - *Provincial Parenteral Manual*
- Non-Alberta Health Services Documents:
  - *Clinical Practice Guidelines 2018* (Diabetes Canada)
  - *Medication Guidelines 2020* (College and Association of Registered Nurses of Alberta [CARNA])
  - *Medication Guidelines 2020* (College of Licensed Practical Nurses of Alberta [CLPNA])

APPENDIX A

Adult Hypoglycemia Treatment Algorithm

Step 1 - Recognize

Blood Glucose is below 4.0 mmol/L

and *on one of the following meds: insulin or insulin secretagogues (e.g., glyburide, gliclazide, glimepiride or repaglinide)*

OR *patients without diabetes with rare conditions and symptomatic hypoglycemia (see section 1.2b in procedure)*

Step 2 - Treat

Conscious / Able to Swallow
(including Patient with Tube Feed)

1. Give 15 grams of quick acting carbohydrate:
   - 4 Dextrose tablets (16 g carb), **or**
   - ¾ cup (175 mL) juice or regular pop, **or**
   - 1½ packages (18 g carb) of honey, **or**
   - 4 packets sugar (16 g carb), dissolved in water

*Patients on Acarbose, use dextrose tablets or honey
*For tube feeds, use dex tabs crushed and dissolved in water – flush with water pre and post
*For patients requiring thickened fluids, provide thickened juice as per diet order

2. Repeat blood glucose in 15 minutes. If below 4.0 mmol/L, repeat #1 above, and then proceed to #3 below.

3. Repeat blood glucose in 15 minutes. If below 4.0 mmol/L, call most responsible health practitioner for further treatment.

** If patient not responding to above treatment, and has altered level of consciousness, follow steps under that heading

Altered Consciousness / Unable to Swallow
(or Patient NPO)

IV ACCESS

Establish or use large IV access (central line or antecubital). *Do NOT use small peripheral vein. Attempt to establish IV access for 1- 2 minutes*

Yes / No

Treat: IV

1a. Give 50mL of D50W direct IV over 1-3 minutes (=25 g of carb).
1b. Must call most responsible health practitioner *(This should not delay above treatment.)*
1c. If health care professional not able to give direct IV medications; give D50W in 50mL minibag of D5W or NS over 15-20 minutes

2. IV D5W at 30 mL/hr (to keep vein open)

3. Repeat blood glucose in 15 minutes. If below 4.0 mmol/L, **if conscious/able to swallow**, complete #1 under that heading. **If altered consciousness**, repeat #1 above, and then proceed to #4 below.

4. Repeat blood glucose in 15 minutes. If below 4.0 mmol/L, call most responsible health practitioner for further treatment.

Treat: SC or IM

1a. Give Glucagon 1 mg SC or IM, and continue to attempt to start IV.
1b. Must call most responsible health practitioner *(This should not delay above treatment.)*

IV access / **no IV access**

3. Repeat blood glucose in 15 minutes. If below 4.0 mmol/L; **if conscious/ able to swallow**, complete #1 of that section. **If altered consciousness**, repeat #1 above, and then proceed to #4 below.

4. Repeat blood glucose in 15 minutes. If below 4.0 mmol/L, call most responsible health practitioner for further treatment.

Once blood glucose is greater than or equal to 4.0 mmol/L, see step 3 (on back of this page) **for follow-up instructions**

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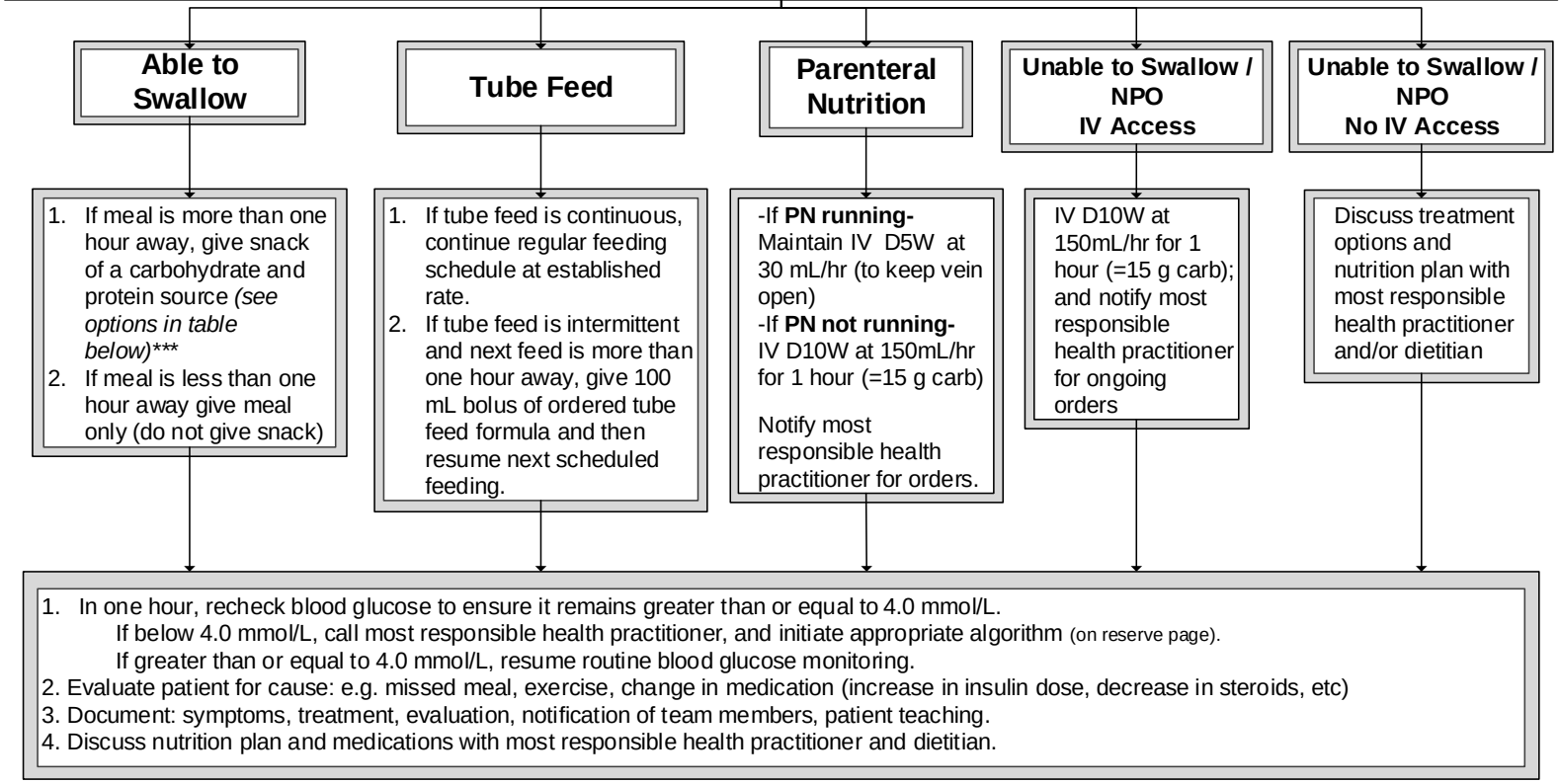
****Do not send patient off unit until blood glucose greater than or equal to 4.0mmol/L****

Step 3 – Follow-Up

This section outlines follow-up instructions for patients who have blood glucose **greater than or equal to 4.0 mmol/L** after hypoglycemia treatment.



1. In one hour, recheck blood glucose to ensure it remains greater than or equal to 4.0 mmol/L.
   If below 4.0 mmol/L, call most responsible health practitioner, and initiate appropriate algorithm (on reserve page).
   If greater than or equal to 4.0 mmol/L, resume routine blood glucose monitoring.
2. Evaluate patient for cause: e.g. missed meal, exercise, change in medication (increase in insulin dose, decrease in steroids, etc)
3. Document: symptoms, treatment, evaluation, notification of team members, patient teaching.
4. Discuss nutrition plan and medications with most responsible health practitioner and dietitian.

*** **SUGGESTED SNACK OPTIONS OF APPROXIMATELY 15 grams OF CARBOHYDRATE AND A PROTEIN SOURCE**: Choose only 1 of the following:

- 3 packages of soda crackers (2 crackers per package) with 1 package of peanut butter (1 Tbsp or 15 g) or 1 package of cheese (1 oz or 30 g)
- 2 packages of arrowroot cookies (2 cookies per package) with 1 package of peanut butter (1 Tbsp or 15 g) or 1 package of cheese (1 oz or 30 g)
- 1 slice of toast/bread with 1 package of peanut butter (1 Tbsp or 15 g) or 1 package of cheese (1 oz or 30 g)
- Half a meat or cheese sandwich (1 slice of bread and 1oz [30g] of meat or cheese) *–may not be available at all locations*
- 1 container of smooth Greek yogurt (100g)

***For patients with dysphagia on a dysphagia soft/ minced /pureed diet(s) provide if available: 1 container Ensure/Boost pudding (113g/142g) or 1 container of smooth Greek yogurt (100 g). If not available; discuss appropriate snack options with dietitian and/or food service.

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