



FOR DELEGATED CAREGIVERS

Student:	DOB:
Procedure Written on:	
By:	
Reviewed on:	Reviewed on:
By:	By:
Reviewed on:	Reviewed on:
By:	By:

**ANTICIPATED EMERGENCY
GLUCAGON ADMINISTRATION**

Assume a diabetic student is suffering from severe hypoglycemia if the following symptoms are present:

- Seizure
- Unconscious, unresponsive
- Unable/unwilling to take oral treatment for low blood sugar.

If these symptoms are present, administer glucagon by subcutaneous injection. Immediately follow the directions below.

-
1. Delegate calls to:
 - a. EMS/9-1-1
 - b. School Nurse
 - c. Glucagon trained staff (if not trained)

2. Gather Supplies

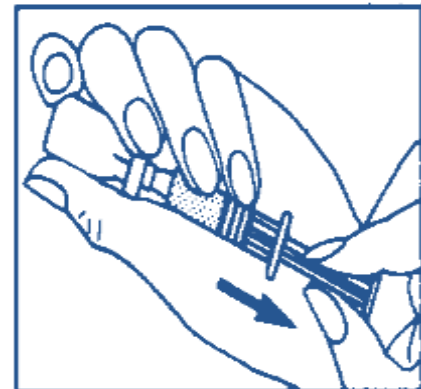
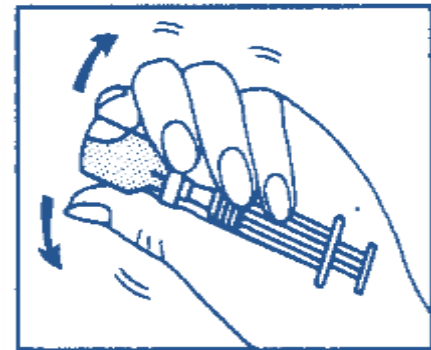
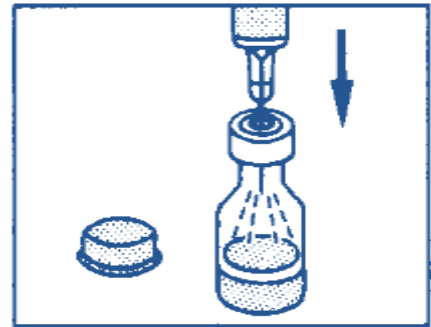
SUPPLY LOCATION: Front office, medical file cabinet, bottom drawer

- a. Glucagon kit: vial of clear fluid, wafer of glucagon
- b. alcohol swabs,
- c. disposable gloves,
- d. garbage can,
- e. sharps container.



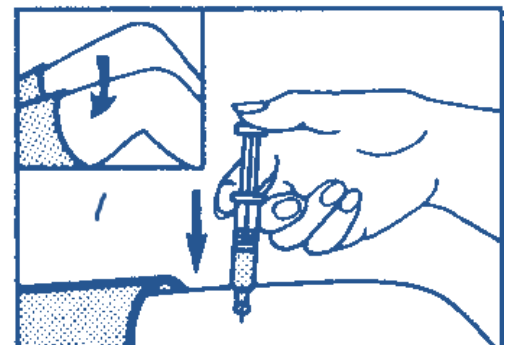
3. STEPS TO PREPARE TO ADMINISTER

- a. Put on gloves, if gloves are not available continue with procedure.
- b. Remove the seal from the top of the bottle with the glucagon wafer. Don't touch the rubber area of the bottle top.
- c. Wipe rubber stopper on bottle with alcohol swab, if alcohol is not available continue with procedure.
- d. Remove cap from needle. Do not touch the needle.
- e. Push the plunger of the syringe to inject all the fluid from the syringe into the bottle. Do not force fluid in. Do not withdraw the needle from the bottle.
- f. Leave the needle of the syringe in the bottle. Shake the bottle with the syringe intact to dissolve the glucagon until the liquid is clear and consistent like water
 - a. If the liquid is cloudy or milky it cannot be administered, monitor student's breathing and pulse until EMS arrives.
 - b. Begin CPR for absent pulse or breathing.
- g. Turn the bottle upside down and withdraw:
 The entire contents of the bottle.
 _____ mL from the bottle.
(Dose is based on MD orders)



4. GIVING THE INJECTION

- a. Turn the person to their side to prevent choking if he or she vomits.
- b. Cleanse a 2 inch area of the upper arm or upper thigh with alcohol swab, if alcohol swabs are not available, skip this step and continue with procedure.
- c. Hold the syringe between thumb and forefinger.



- d. Insert needle at a 90° angle (Unless the individual is extremely thin, then use a 45° angle) using a dart-like action.
- e. Let loose of skin held by non-dominant hand and transfer hold of syringe to non-dominant hand.
- f. Push all medication slowly from syringe using dominant hand.
- g. Remove syringe from student's arm at the angle you inserted it.
- h. Discard syringe in sharps container. DO NOT RECAP THE NEEDLE.

5. AFTER THE INJECTION

- a. Monitor for seizure activity; prepare to administer CPR as needed.
- b. If the person becomes alert and is able to take substances by mouth:
 - Give some glucose or sucrose tablets or solution or quick-sugar food.
 - Reassure student.
 - Check Blood glucose level if able.
- c. Stay with the student until EMS arrives. Inform EMS of glucagon administration.
- d. Wash hands when completed and dispose of items appropriately.
- e. Always ensure nurse if notified of the incident, if not on site.
- f. Complete required documentation.

References

Multnomah Education Service District. (2015). Diabetic reaction, high/low blood sugar procedure for responding to with meter testing.

Oregon Department of Human Services. (2013). Training protocol: Emergency glucagon providers. Retrieved from <http://www.ode.state.or.us/groups/supportstaff/hklb/schoolnurses/glucagon.pdf>

Type 1 Diabetes: American Diabetes Association®. (2015). Retrieved from <http://www.diabetes.org/diabetes-basics/type-1/>

U.S. Department of Health and Human Services. (2003). Helping the student with diabetes succeed: A guide for school personnel.

Image: WebMD; Theodora.com