Oral Glucose for mild hypoglycaemia (Glucodin® or Glutose 15®)

SESLHDPR/481

POLICY STATEMENT

The Registered Nurse (RN) / Registered Midwife (RM) is authorised to instigate nurse/midwife initiated medication without an authorised prescriber's order under the specific circumstances set out in the **INDICATIONS** section and provided there are no contraindications present.

It is important for nursing and midwifery staff to remain aware that:

- Minor ailments may be symptoms of other more serious diseases or may be adverse reactions to medication already prescribed
- Nurse-initiated medication may interact with the patient's prescribed medication
- The maximum daily recommended dose of the medication must not be exceeded.[1]

Choice of the oral glucose treatment should be in line with local guidelines and will depend on what product(s) are available in your work area.

The administering nurse/midwife must record the administration on an approved paper or electronic medication chart, clearly indicating that the medicine was nurse initiated.

If the patient requires the medication on a repeated basis then a medical officer (MO) must be consulted and a PRN order obtained.

All hypoglycaemic episodes must be escalated immediately via the clinical emergency response system and a medical officer must review the patient.

INDICATIONS

For use in mild hypoglycaemic episodes in patients aged 16 years and above, if blood glucose level is < 4.0 mmol/L, where the patient is in a conscious state and able to take treatment orally[2].

CONTRAINDICATIONS

Patient unable to take treatment orally.

PRECAUTIONS

Safe to use in pregnancy and breastfeeding.

HISTORY/ASSESSMENT

Please refer to and follow the local hospital guidelines for the assessment and management of hypoglycaemia.
Determine blood glucose level (BGL) using a blood glucose meter.
Assess if hypoglycaemic (BGL less than 4 mmol/L), conscious, cooperative and able to take oral treatment.
Escalate immediately via clinical emergency response system if BGL is less than 4 mmol/L and/or the patient has an altered level of consciousness.
Treat immediately if patient is symptomatic and indications met.

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PROTOCOL/ADMINISTRATION GUIDELINES

Caution: CHECK for allergies and/or contraindications			
Drug	**Dose**	**Route**	**Frequency**
Glucose powder (Glucodin®)	**3 to 4 teaspoonsful (= 15 g to 20 g) of glucose powder dissolved in water**	**Oral**	**Once only**
Glucodin® Powder contains 100% glucose.			
OR			
Glucose gel 40% (Glutose 15®)	**Twist tip off and squeeze entire contents of one tube (15g glucose) into mouth and swallow**	**Oral**	**Once only**
Each tube of Glutose 15® gel contains 15g of glucose.			

MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

- Stay with patient
- Escalate if required or unresponsive
- Repeat BGL every 15 minutes following treatment until ≥ 4 mmol/L, or earlier if clinically indicated as per local hypoglycaemia guidelines
- When patient responds and oral intake is possible, give food to prevent recurrence (e.g. next meal/snack, 1 slice of bread, or 2 biscuits) [2].
- Recheck BGL within and every 2 hours until stable

DOCUMENTATION

A record of the administration must be made on the approved paper or electronic medication chart noting that the medication was nurse initiated.

A further record of the medication administered including indication, dose and effect must be included in the patient's health care record.

PRACTICE POINTS

- Response to glucose oral powder/gel should occur within 10 to 15 minutes[2]
- The cause of the hypoglycaemia should be determined and acted upon to prevent reoccurrence[2].
- The period of monitoring may need to be extended if the cause of hypoglycaemia is not immediately reversible[2].

REFERENCES/FURTHER READING

1. PD2013_043 Medication Handling in NSW Public Health Facilities
2. eTG complete. Melbourne: Therapeutic Guidelines Ltd. March 2020. Accessed 14/04/2020

REVISION and APPROVAL HISTORY

Date	Revision Number	Author and Approval
July 2015	DRAFT	Pharmacy Department, Prince of Wales Hospital
September 2015	1	Stream consultation and revision Approved by SESLHD Drug &QUM Committee
May 2018	DRAFT 2	Reviewed by nursing and pharmacy staff. Minor wording updates made. References updated.
July 2018	2	Approved by SESLHD Quality Use of Medicines Committee
April 2020	DRAFT 3	Updated to include Glutose-15 gel. Removed reference to use in paediatrics as protocol does not align with treatment guidelines for children.
May 2020	3	Approved by SESLHD Quality Use of Medicines Committee.