IDaho EMS Protocol
Administration of Glucagon

This protocol may not be modified by the Medical Director except at the paramedic level.

Indications:

- Patient is known (via blood glucometry or other laboratory method) to be hypoglycemic (less than 80)
- AND
- Patient cannot take glucose by either oral or intravenous method

1. Before the administration of glucagon to any patient the provider must:
   - Be trained and have demonstrated competency in:
     - Pharmacology of the drug
     - Indications for the drug
     - Contraindications of the use of the drug
     - Specific route of administration of the drug
     - Specific product and the manufacturers instructions for administration

2. Procedure:
   - Confirm the patient is hypoglycemic
   - Explain the procedure to the patient or family, if able
   - Obtain verbal consent, if able
   - Confirm the drug is not expired
   - Use body substance isolation
   - Mix the drug with the supplied diluent according to the manufacturers instructions
   - Draw up the drug in an appropriately sized syringe
   - Administer the drug either intramuscularly or subcutaneously consistent with the manufacturer’s instruction for the specific product being given
   - Continue your assessment and treatment of the patient
   - Do not administer additional doses of glucagon to the same patient

3. Dosage:
   - Adults or Children > 20KG: 1 mg
   - Children <20KG: 0.5 mg

Note:
1. According to the 2010-1 EMSPC Standards Manual, administration of glucagon IM or SQ is an optional skill for the EMT and AEMT.
2. The EMT and AEMT must obtain EMS Bureau-specified training prior to skill credentialing.
3. The EMT and AEMT must administer glucagon in accordance with this EMSPC protocol.

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This protocol must be followed by EMT and AEMT personnel. This protocol may not be modified by the Medical Director except at the Paramedic level. It is recommended that care be based on the patient’s clinical presentation and on authorized policies and guidelines.