

Subject: Scope of Practice/Procedure – ALS
Glucagon Hydrochloride

Associated Policies:

- I. Class
 - A. Pancreatic hormone, insulin antagonist.
- II. Indications
 - A. Altered level of consciousness where hypoglycemia is suspected.
 - B. When dextrose is indicated and IV or IO access is not available.
 - C. May be used as an inotropic agent in beta-blocker overdose.
- III. Therapeutic Effects
 - A. Anti-hypoglycemic, glucose elevating agent if glycogen stores are available.
 - B. Insulin antagonist, mobilizing glycogen stores.
 - C. Exerts positive inotropic action on the heart and decreases renal vascular resistance.
- IV. Contraindications
 - A. Absolute:
 - 1. Hypersensitivity
- V. Adverse Effects
 - A. Nausea and vomiting.
 - B. Tachycardia.
 - C. Hypertension.
 - D. Ectopy.
- VI. Administration and Dosage
 - A. Must be reconstituted with provided diluent prior to administration.
 - B. Reconstitute one (1) unit (1mg) white powder with 1 ml of diluting solution (1 mg/ml).
 - 1. Adult:
 - a. Suspected hypoglycemia 1.0-unit IM.
 - b. Beta-blocker overdose 1.0 unit slow IV (see VII-A below).
 - 2. Pediatric:
 - a. 0.1-0.3mg/kg IM (maximum dose of 1.0 mg).
- VII. Special Instructions
 - A. Glucagon will form a precipitate in a saline solution.
 - B. Onset of action is 5 to 20 minutes with a short duration of 10 to 15 minutes.

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- C. Glucagon is only effective if liver glycogen is available. May be ineffective in chronic alcoholics, starvation, adrenal insufficiency and newborns.
- D. Dextrose is the treatment of choice for insulin shock.
- E. Glucagon is incompatible in syringe with any other drug.

Approved: 

Approved as to Form: 