This information was up to date at the time of release to the Heads of Midwifery.

The editorial board does not accept liability for any errors or omissions following its subsequent publication.

Updating arrangements for the formulary should be decided upon and implemented at a local level.

YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT

Glucagon ® (POM – emergency administration)		
Legal status (GSL, P or POM on exemption list, or PGD)	POM - midwife may administer or supply in an emergency for treatment of severe hypoglycaemia	
Clinical indication:	Severe hypoglycaemia (an unresponsive or in an unconscious state, sometimes with seizures) or in patients with low blood sugar when the patient is unco-operative or unable to take oral glucose or Glucogel [®] , or the original Lucozade [®] Glucojuice (or similar as per local protocol)-	
Inclusion criteria(Patient Group):	Insulin-dependent women during childbirth.	
Exclusion criteria:	Hypersensitivity to glucagon or lactose. Phaeochromocytoma.	
	It is essential to exclude other obvious causes for the unresponsiveness; seizures or unconsciousness.	
Cautions/Need for further advice/Circumstances when further advice should be sought from the doctor:	Non-diabetic hypoglycaemia, starvation, adrenal insufficiency, glucagonoma, or chronic hypoglycaemia.	
Potential adverse reactions:	Please refer to current BNF or SPC for full details. SPC can vary with branded products and generic brands so if there is access refer to an electronic SPC and check details for the specific brand that is being used.	
Action if patient declines or is excluded:	Inform obstetrician.	
	Document refusal in maternity record.	
Referral arrangements for further advice/cautions:	Inform obstetrician.	
Drug Details		
Pharmacology	Glucagon is a hormone produced by the pancreas that, along with insulin, controls blood glucose level.	
Name, form & strength of medicine:	Powder of glucagon 1mg (1 international unit) as hydrochloride for reconstitution with water in a syringe kit.	
	Concentration is 1mg/ml once reconstituted.	

Glucagon ® (POM - emergency administration)	
Route/Method of administration:	Intramuscular (IM) injection.
Dosage (include maximum dose if appropriate):	Single dose of 1mg. Response is usually within 10-40 minutes.
	When the patient has responded to the treatment, give oral carbohydrate to restore the liver glycogen and prevent relapse of hypoglycaemia.
	If the patient does not respond within 10 minutes, give intravenous glucose.
	Onset 5-15minutes after IM injection. Duration of action after IM route is 10-40 minutes.
Frequency:	Once only.
Duration of treatment:	1 dose only.
Maximum or minimum treatment period:	Immediate.
Quantity to supply/administer:	1 dose only.
▼Black Triangle Drug:*	No.
Is the use outwith the SPC:**	No.
Storage requirements and product details	Store unopened kit (GlucaGen HypoKit) at room temperature (25°C) for up to 18 months within the shelf life period. Store in original container to protect from light Avoid freezing. Once prepared use immediately. Glucagon is available as an emergency kit GlucaGen Hypokit 1mg.
*The black triangle symbol (▼) identifies newly licensed medicines that are monitored intensively by the	

MHRA/CSM

^{**} Summary of Product Characteristics

Glucagon ® (POM – emergency administration)		
Warnings including possible adverse reactions and management of these:	Inform obstetrician immediately.	
	Refer to current BNF or SPC for full details	
	Occasionally nausea, vomiting and abdominal pain and very rarely hypersensitivity reactions, and hypokalaemia.	
	 on labour Nil on the neonate Nil on breast feeding Nil 	
	Use the Yellow Card System to report adverse drug reactions. Yellow Cards and guidance on its use are available at the back of the BNF or online at http://yellowcard.mhra.gov.uk/	
Overdose:	inform obstetrician immediately refer to SPC for full details	
	Symptoms include nausea and vomiting, but these are likely to be transient. In case of dosages substantially above the approved range, hypokalaemia may occur. Potassium should be monitored and corrected, if needed.	
Advice to patient/carer including written information provided:	Explain treatment and course of action.	
	Give patient a copy of relevant patient information leaflet.	
Monitoring (if applicable):	Refer to medical staff immediately after glucagon injection has been administered.	
	Following administration, women must take oral glucose/glucogel or the original Lucozade®_or Glucojuice (or local equivalent product) and/or food to replenish stores.	
Follow up:	If no response in 10 minutes, give intravenous glucose.	
	Document decision in maternity record.	
	If condition worsens or symptoms persist then seek further medical advice.	
References 1. Summary of Product Characteristics Glucagen® Hypo Kit. Text revision 15.6.15 . Accessed 16.12.2019 www.medicines.org.uk		

2. http://www.bnf.org