OGLUO pre filled PEN – use in PAEDIATRIC SEVERE HYPOGLYCAEMIA (in place of GLUCAGEN)

TARGET AUDIENCE	Board-wide for Paediatric population 0-16 yrs.
PATIENT GROUP	Patients with type 1 diabetes receiving insulin

Clinical Guidelines Summary

Indication	Ogluo is indicated for the treatment of severe hypoglycaemia in adults, adolescents, and children aged 2 years and over with insulin treated diabetes mellitus. Intended for the emergency treatment of hypoglycaemia outwith hospital environment, usually by a patients' parent or carer, or other third party, including SAs
Eligibility criteria	• Use by Children and young people 2-16yrs inclusive who meet the at least one of the following criteria: ○ Unable to use GlucaGen hypokit due to previous reaction or device problem(s) ○ Previous episode(s) of severe hypoglycaemia such as hypoglycaemic seizure or episode on reduced consciousness ***and*** has ongoing recurrent clinical episodes of hypoglycaemia which cannot be alleviated by other appropriate interventions ○ Significant patient or family / carer diabetes distress where offer of the powder formulation (GlucaGen hypokit) is felt to be contributing to, or worsening that distress ○ Patient / carer with disability which makes it difficult to use the powder preparation which requires preparation prior to use **Any prescription of Ogluo will be reviewed prior to transfer in the adolescent / transition clinic (ages 14-16yrs old, with a final decision prior to transfer to young adult clinic at 16yrs old.**

Dose and administration see main text

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Guideline Body

Ogluo is indicated for the treatment of severe hypoglycaemia in adults, adolescents, and children aged 2 years and over with diabetes mellitus. Intended for the emergency treatment of hypoglycaemia outwith hospital environment , usually by a patients parent or carer, or other third party

Ogluo is a prefilled pen formulation of Glucagon. The standard and first line choice remains Glucagen.

Ogluo will only be prescribed on Specialist advice, recommendation from a secondary care clinic and its use will be fully supported by the Paediatric diabetes team, including relevant patient and carer Education

Ogluo is for use by Children and young People Age 2-16 yrs (incl) treated with insulin who have at least one of the following Eligibility Criteria:

- Unable to use GlucaGen hypokit due to previous reaction or device problem(s)
- Previous episode of severe hypoglycaemia such as hypoglycaemic seizure episode on reduced consciousness with ongoing recurrent hypoglycaemia which cannot be alleviated by other interventions.
- Recurrent clinical episodes of hypoglycaemia which cannot be alleviated by other interventions
    - **a.** This includes Insulin pump and Continuous Glucose monitoring and ideally auto hybrid closed loop where not contra-indicated
- Patient / carer with disability which makes it difficult to use the powder preparation which requires preparation prior to use

- Significant patient or family / carer diabetes distress where offer of the powder formulation (GlucaGen hypokit) is felt to be contributing to, or worsening that distress:
    - **a.** A minimum of a case discussion should occur with the Paediatric Psychology lead as to the benefit of clinical psychology review or CAHMS referral and management prior to Ogluo prescription
    - **b.** The presence of a glucose profile such that recurrent moderate (or worse) hypoglycaemia is present or may occur

Ogluo would be primarily for administration by patient or carer at Home and associated environment

Ogluo as Glucagen would NOT be offered in school / education environment with advice as per National practice being to call SAS Ambulance, exception to this would be only be made after extensive discussion with the MDT, management and with full agreement of Education partners and Supervising Consultant and Senior Nurse.

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Dose and Administration: By subcutaneous injection

Child 2–5 years (body-weight less than 25 kg)

- 500 micrograms, if no response within 15 minutes an additional dose may be administered whilst waiting for emergency assistance using another pen.

Child 2–5 years (body-weight 25 kg and above)

- 1 mg, if no response within 15 minutes an additional dose may be administered whilst waiting for emergency assistance using another pen.

Child 6–17 years

- 1 mg, if no response within 15 minutes an additional dose may be administered whilst waiting for emergency assistance using another pen.

Administered by Patient (unlikely), parent, carer or third party assistance (eg spouse, friend)

Patient must call for emergency assistance / attend Emergency department / paediatrics if used, and follow relevant patient information for management of Hypoglycaemia

Must receive complex carbohydrate or be admitted for glucose infusion within 4 hours of Glucagon administration, to prevent rebound hypoglycaemia and subsequently monitored for 6-8 total prior to discharge

Precautions, contraindications and adverse effects

Please see British National Formulary for Children

Notes:

Anticipated that only a max of 5% of clinic, currently 20 patients would require Ogluo on current approval / evidence

Advice would be to consider only 1 Ogluo device per patient, additional Glucagon could be in form of Glucagen, current standard device / preparation, unless patient had suffered a reaction to this formulation

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References/Evidence

ISPAD Clinical Practice Consensus Guidelines 2022: Assessment and management of hypoglycemia in children and adolescents with diabetes. Pediatr Diabetes. 2022 Dec;23(8):1322-1340. doi: 10.1111/pedi.13443. Mary B Abraham 1 2 3, Beate Karges 4, Klemen Dovc 5, Diana Naranjo 6, Ana Maria Arbelaez 7, Joyce Mbogo 8, Ganesh Javelikar 9, Timothy W Jones 1 2 3, Farid H Mahmud 10

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Appendices

1. **Governance information for Guidance document**

Lead Author(s):	Dr Ian Hunter
Endorsing Body:	ADTC
Version Number:	
Approval date	28/02/2024
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Responsible Person (if different from lead author)	

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	
Consultation Process / Stakeholders:	Dr Kerstin Bumke, Dr Lana McMillan and Paediatric Diabetes MDT

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Distribution	

CHANGE RECORD			
Date	**Lead Author**	**Change**	**Version No.**
		e.g. Review, revise and update of policy in line with contemporary professional structures and practice	1
			2
			3
		.	4
			5

2.You can include additional appendices with complimentary information that doesn't fit into the main text of your guideline, but is crucial and supports its understanding.

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e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance