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| PRN (when required) Medication Protocol |

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| NAME OF person | **DATE OF BIRTH** |
| **Medication****Glucogel Gel** | **Dose**1 tube is a measured dose |
| **reason for medication and expected outcome**Glucogel is a "sugar" gel for treatment of hypoglycaemia (low blood sugar). |
| **How the decision is reached about how and when to give**<Name> may not have enough warning to tell staff s/he needs Glucogel. Hypo warnings vary from person to person.

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| <Name> **may experience:*** headaches
* shaking or dizziness
* anxiety or bad-temper
* sweating
* palpitations
* hunger
* tingling lips or fingers
 | **Staff may notice <Name> is:*** moody
* irritable and aggressive
* irrational
* confused
* unable to concentrate
* unable to co-ordinate (shaking)
* pale
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| **How often dose can be repeated**As necessary | **Max in 24 hours**As necessary |
| **Further info**Glucogel should only be used if the person being treated can swallow. **Do not administer Glucogel to an unconscious person because of the risk of choking.*** The person being treated must be able swallow
* Twist off the Glucogel tube cap
* Squeeze the tube to insert the gel into mouth between the teeth and cheek
* The outside of the cheek should be gently rubbed to aid absorption
* Glucogel is absorbed from the lining of the mouth
* It should help raise the blood glucose within 15 minutes
* Follow this treatment with a starchy" carbohydrate snack such as toast, a sandwich or your next meal if it is due
* Recheck blood glucose level
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| **Circumstances for reporting to GP - Tick as appropriate** Persistent need for upper level of dosage Never requesting dosage Requesting too often Side effects experienced Other... **Once administered get urgent medical attention** |
| **Signature** | **Date** |
| **Review Date…**NB: Please note the review date in the managers diary |