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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.   |  |  | | --- | --- | | <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 | | |
| **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 | |
| **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 | |