



## GLUCOSE ORAL ADMINISTRATION

### INDICATIONS:

- Altered mental status or acute neurological deficiency and one or both of the following:
  1. A history of diabetes and taking insulin or oral diabetes medication
  2. A glucometer reading below 60mg/dL (or 61-80 if hypoglycemia suspected) and ALS present or enroute
- The patient must have the ability to swallow and an intact gag reflex

### CONTRAINDICATIONS:

- Patient is unresponsive, cannot swallow, or has no gag reflex

### BLS STANDING ORDERS:

1. Activate the 9-1-1 system
2. Assure that the patient is responsive, has an intact gag reflex, and the ability to swallow and protect their own airway
3. Assure the medication is "glucose for oral administration"
4. Administer glucose medication:
  - For gel or paste:
    - Squeeze small portions the glucose gel or paste into the patient's mouth between the cheek and gum on each side until the tube is empty
    - or
    - Apply the oral glucose gel to one or two tongue depressors and place the tongue depressor(s) between the cheek and the gum, one on each side of the patient's mouth, with the medication side contacting the patient's cheek
  - Lightly massage the cheek area to maximize absorption
  - For solution or tablets
    - Ensure patient can swallow without difficulty and administer small amounts of solution until all is given or allow to chew and swallow two tablets (one tablet for children age under 12-years-old)
5. Monitor the patient for signs of airway compromise, such as choking, gagging, drooling, or uncontrolled coughing.
6. Suction the patient as necessary and support and maintain an open airway
7. Reassess mental status, vital signs and repeat the initial assessment after 5 minutes and every 5 minutes until ALS arrives

### DOCUMENTATION:

- The indication(s), time, route and dose of oral glucose administration
- Patient response, and results of reassessments done every 5 minutes

Approved:

Review Dates: N/A  
Final Date of Implementation: 10/01/2017  
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