

## Who can administer

May be administered by registered competent doctor or nurse/midwife

## Important information

- Usually given by the **subcutaneous or intramuscular** route for the treatment of **severe hypoglycaemia reactions**
- Please ensure **additional supplies are ordered by pharmacy** if large doses by infusion are being administered
- Protect the airway in case of vomiting <sup>(ref 2)</sup>
- Equivalencies: a 1mg dose is the same as 1 unit

## Available preparations

Glucagen Hypokit 1mg

## Reconstitution

- Add 1.1mL water for injection (provided) to the vial containing the powder to produce a 1mg/1mL solution
- Shake gently until completely dissolved
- A syringe with a thinner needle and a finer graduation may be more suitable in diagnostic procedures

## Infusion fluids

Glucose 5% or Sodium chloride 0.9% <sup>(ref 1)</sup>

## Methods of intravenous administration

### **Bolus intravenous injection (doses of 1mg or less)** <sup>(ref 1)</sup>

- Administer over one minute
- Rapid injection may be associated with increased nausea and vomiting <sup>(ref 2)</sup>

### **Slow intravenous injection (doses greater than 1mg)** <sup>(ref 1)</sup>

- Administer over 3 to 5 minutes
- Rapid injection may be associated with increased nausea and vomiting <sup>(ref 2)</sup>

### **Intermittent intravenous infusion (unlicensed)** <sup>(ref 1)</sup>

- There is no recommended final volume/concentration for dilution. It is usually convenient to dilute in 50 or 100mL, but larger or smaller volumes can be used if necessary

## Dose in adults

### **Severe hypoglycaemia**

- Usually 1mg, given by the subcutaneous or intramuscular route

### **Diagnostic indication (inhibition of gastrointestinal motility)**

- **Relaxation of stomach, duodenal bulb, duodenum and small bowel:** 0.2 to 0.5mg as intravenous injection
- **Relaxation of colon:** 0.5 to 0.75mg as intravenous injection
- Higher doses may be given for these indications if by subcutaneous or intramuscular route- see SPC

### **Beta-blocker/calcium channel blocker toxicity (unlicensed)** <sup>(ref 2)</sup>

- Consult poisons centre
- Give 3 to 10mg (0.05 to 0.15mg/kg) as a slow intravenous injection over 2 to 5 minutes, followed by an infusion of 3 to 5mg/hour (0.05 to 0.1mg/kg/**hour**)
- Titrate the infusion to achieve an adequate clinical response

### **Anaphylactic reaction (refractory) in patients on beta-blocker therapy (unlicensed)** <sup>(ref 2)</sup>

- Give 1 to 5mg as a slow intravenous injection over 5 minutes, followed by an infusion of 5 to 15 micrograms/**minute**
- Titrate the infusion to achieve an adequate clinical response

### **Renal or hepatic impairment**

- No dosage adjustment is required

## Storage

- Store in a refrigerator between 2 and 8<sup>0</sup>C - for full shelf life of product
- May be stored at room temperature for up to 18 months (providing the expiry date is not exceeded)

## References

SPC December 2019

1: Injectable medicines guide - Medusa, downloaded 24th November 2021

2: Uptodate- downloaded 24th November 2021

## Therapeutic classification

Glycogenolytic hormone