

Policy code	DTP_GL10_0223		
Date	February, 2023		
Purpose	To ensure a consistent procedural approach to glucose 10% administration.		
Scope	Applies to all Queensland Ambulance Service (QAS) clinical staff.		
Health care setting	Pre-hospital assessment and treatment.		
Population	Applies to all ages unless specifically mentioned.		
Source of funding	Internal – 100%		
Author	Clinical Quality & Patient Safety Unit, QAS		
Review date	February, 2025		
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.		
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Glucose 10%

Drug class

Hyperglycaemic^[1]

Pharmacology

Glucose is a sugar that is the principal energy source for body cells, especially the brain.^[1]

Metabolism

Broken down in most tissues and distributed throughout total body water.^[1]

- **Symptomatic hypoglycaemia** (with the inability to self-administer oral glucose)
- **Unconscious hypoglycaemia** (as specifically authorised in AMP 001/23)

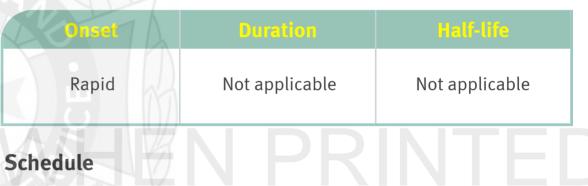
Contraindication

Nil



Presentation

• Viaflex® plastic container, 250 mL *glucose monohydrate 10%*



• Unscheduled.

toutes of administration



February, 2023

Adult dosages

tomatic hvooglycaemia

(with the inability to self administer oral glucose)

ACP2 CCP	IV INF	15 g (150 mL) Repeated at 10 g (100 mL) boluses every 5 minutes until BGL > 4.0 mmol/L.
CP	IO INF	15 g (150 mL) Repeated at 10 g (100 mL) boluses every 5 minutes until BGL > 4.0 mmol/L.

Paediatric dosages

ACP² CCP

CCP

(with the inability to self administer oral glucose)

0.25 g/kg (2.5 mL/kg) Repeated at 0.1 g/kg (1 mL/kg) boluses every **5 minutes** until BGL > 4.0 mmol/L.

0.25 g/kg (2.5 mL/kg) Repeated at 0.1 g/kg (1 mL/kg) boluses every **5 minutes** until BGL > 4.0 mmol/L.

IV

INF

10

INF

(as specifically authorised in AMP 001/23)



OAS Clinical Consultation and Advice Line approval required in all situations.

0.25 g/kg (2.5 mL/kg) Repeated at 0.1 g/kg (1 mL/kg) boluses every **5 minutes** until BGL > 4.0 mmol/L.

Special notes

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the QAS Clinical Consultation and Advice Line.
- Glucose 10% is the preferred treatment for hypoglycaemia for patients unable to take oral glucose. This is due to its rapid onset and ability to guickly restore blood glucose concentration to normal values.

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