



Drug Therapy Protocols: Glucose gel

Policy code	DTP_GLG_0722
Date	July, 2022
Purpose	To ensure a consistent procedural approach to glucose gel 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.
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Glucose gel

July, 2022

Drug class

Hyperglycaemic^[1]

Pharmacology

Glucose gel is a form of pure glucose that is absorbed quickly in the intestinal tract after ingestion. It is the principal energy source for body cells especially the brain.^[1]

Metabolism

Glucose is broken down in most tissues and distributed throughout total body water.^[1]

Indications^[1]

- **Symptomatic hypoglycaemia** (with the ability to self-administer oral glucose)

Contraindications

- Unconsciousness
- Patients with difficulty swallowing
- Patients less than 2 years of age

Precautions

- Nil

Side effects

- Nausea and/or vomiting
- Diarrhoea

Presentation

- Tube, 15 g *glucose* (Glucose 15™)

Onset

≈ 10 minutes

Duration

Variable

Half-life

Not applicable

Schedule

- **Unscheduled.**

Routes of administration

Per oral (PO)



Adult dosages^[1]

Symptomatic hypoglycaemia (with the ability to self-administer oral glucose)



PO

15 g
Repeated once at **15 minutes**
if BGL \leq 4.0 mmol/L.
Total maximum dose 30 g.

Paediatric dosages^[1]

Symptomatic hypoglycaemia (with the ability to self-administer oral glucose)



PO

\geq 2 years – **15 g**
Repeated once at **15 minutes**
if BGL \leq 4.0 mmol/L.
Total maximum dose 30 g.

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*.
- Patients are to swallow the entire contents of the tube where possible, to maximise the rise in blood glucose levels.

