**Use of Emergency Undesignated Glucagon for Students**

**Undesignated glucagon may only be used with students whose school health forms indicate they have a diagnosis of diabetes.** This diagnosis must be listed on the health form in the AOM binder. The AOM binder must be updated before each semester and when a new student with diabetes is identified.

Undesignated glucagon should be used when a diagnosed diabetic student is displaying symptoms of hypoglycemia, if the student does not have their designated glucagon or it is not immediately available, AOMs must administer undesignated glucagon. **Undesignated glucagon may not be administered to a student without a health form that documents diabetes.**

**Recognizing Hypoglycemia:**

* Loss of consciousness or unable to eat or drink
* Seizures

**Administering Glucagon:**

Confirm student’s health forms indicate a diagnosis of diabetes and confirm it is not possible to quickly locate the student’s designated glucagon.

1. Ask for assistance in contacting 9-1-1 while you treat the student
2. Administer glucagon
   1. Remove shrink wrap by pulling on red stripe.
   2. Open the lid and remove the device from the tube.
3. Insert tip of device gently into one nostril.
4. Push plunger firmly all the way in. Dose is complete when the green line disappears.
5. Call 9-1-1 if not called earlier
   1. Roll student onto their side in possible anticipation of vomiting after they regain consciousness.
   2. Observe student until EMS arrives.
   3. Observe for Possible Side effects:
6. Nausea
7. Vomiting
8. Headache
9. Drowsiness
10. Diarrhea
11. Pallor (unhealthy, pale appearance)
12. Dizziness
13. General weakness
14. Acute abdominal pain

Once the student is stable or under the care of their family or EMS, dispose of the glucagon device in a trash can.

Follow the Emergency Undesignated Glucagon Administration Incident protocol after medication is used.

**After-Incident Protocol for AOM’s:**

1. Provide immediate notice via phone to the student’s parent/guardian to inform them of the incident.
2. Provide a written report to the school health suite personnel and school Undesignated Medication Liaison detailing the incident if they were not present on the scene. The written report must include:
   1. Time and place of the incident
   2. Symptoms displayed by the student and their alignment with the student’s IHP
   3. Chronological description of the incident
   4. Medication administered (type and dose)
   5. Resolution
3. Student condition post-medication administration
4. Whether 9-1-1 was called
5. Whether the student was returned to class or released to a parent/guardian (applicable only after administration of albuterol)
6. Whether student was transported to the hospital via ambulance (required after administration of epinephrine)
7. Provide written Use of Emergency Epinephrine letter to student’s parent/guardian including details of incident and request them to follow up with student’s primary healthcare provider. This should include the same information as in the written report.

**After-Incident Protocol for Liaisons:**

1. Update the Undesignated Emergency Medication (UEM) inventory log with the UEM(s) used.
2. Submit the incident report to DC Health within one business day of administration of UEM(s).