**Intranasal Administration of glucagon**

Delegation must be done in accordance with Wisconsin state laws and regulations. The health, safety, and welfare of the student must be the primary consideration. The school nurse is responsible for choosing, training, and providing ongoing supervision of the trained school personnel. Annual skill verification is recommended by a registered nurse, medical provider, or a skilled and willing parent.

**Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initials: \_\_\_\_\_\_\_**

**Person training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Skills** | **Initial Demonstration** | **Return Demonstration** |
| **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | **Date:** |
| 1. Identify that symptoms of a severe low blood sugar reaction are present and that based on the child’s diabetes emergency plan, medication needs to be given.
 |  |  |  |  |  |  |  |
| 1. Call for assistance.
 |  |  |  |  |  |  |  |
| 1. Ask that another school staff person call 911 or emergency medical services.
 |  |  |  |  |  |  |  |
| 1. Explain the procedure to the child at his/her level of understanding.
 |  |  |  |  |  |  |  |
| 1. Assemble supplies and place on a clean surface.
 |  |  |  |  |  |  |  |
| 1. Review the student’s diabetes emergency action plan.
 |  |  |  |  |  |  |  |
| 1. Check the glucagon and order to be sure it is
 |  |  |  |  |  |  |  |
| * 1. For the right child
 |  |  |  |  |  |  |  |
| * 1. The right medication
 |  |  |  |  |  |  |  |
| * 1. The right dose
 |  |  |  |  |  |  |  |
| * 1. Being given at the right time and
 |  |  |  |  |  |  |  |
| * 1. Being given by the right route.
 |  |  |  |  |  |  |  |
| * 1. Also check to ensure the medication has not expired.
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| 1. Wash your hands if possible.
 |  |  |  |  |  |  |  |
| 1. Put on gloves.
 |  |  |  |  |  |  |  |
| 1. Look into the child’s nostrils to determine if there is fluid or mucous in the nostrils.
 |  |  |  |  |  |  |  |
| 1. If drainage or mucous is present, use a bulb syringe to remove it.
 |  |  |  |  |  |  |  |
| 1. Remove the Shrink Wrap by pulling on the red stripe.
 |  |  |  |  |  |  |  |
| 1. Open the lid and remove the device from the tube.
	1. **Caution**—do not push the plunger until ready to give the dose.
 |  |  |  |  |  |  |  |
| 1. Use your free hand to hold the crown of the head stable.
 |  |  |  |  |  |  |  |
| 1. Hold the device between your fingers and thumb.
 |  |  |  |  |  |  |  |
| * 1. Do not push the plunger yet.
 |  |  |  |  |  |  |  |
| 1. Insert tip gently into one nostril until your finger(s) touch the outside of the nose.
 |  |  |  |  |  |  |  |
| 1. Push plunger firmly all the way in.
 |  |  |  |  |  |  |  |
| * 1. Dose is complete when the green line disappears.
 |  |  |  |  |  |  |  |
| 1. Remove the device.
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| 1. If the student remains unconscious and is not lying on their side, move the student to a side-lying position because vomiting often follows the administration of glucagon.
 |  |  |  |  |  |  |  |
| * 1. If needed, ask another person for assistance.
 |  |  |  |  |  |  |  |
| 1. If alone with the student, and you have not already called 911 or emergency medical service, do so now.
 |  |  |  |  |  |  |  |
| 1. Monitor the student’s arousal, pulse and respirations.
 |  |  |  |  |  |  |  |
| 1. If breathing stops, begin rescue breaths.
 |  |  |  |  |  |  |  |
| 1. If breathing and heartbeat stop, begin CPR.
 |  |  |  |  |  |  |  |
| 1. Maintain a side-lying position to prevent aspiration due to vomiting.
 |  |  |  |  |  |  |  |
| 1. Once rescue squad arrives, inform them of medication administered, including type of medication, dose and time.
 |  |  |  |  |  |  |  |
| * 1. Send along used glucagon.
 |  |  |  |  |  |  |  |
| 1. Dispose of all used materials in proper receptacles.
 |  |  |  |  |  |  |  |
| 1. Remove gloves and wash hands.
 |  |  |  |  |  |  |  |
| 1. Follow up with the parent or guardian and healthcare provider, as needed.
 |  |  |  |  |  |  |  |
| 1. Document the event and administration of glucagon, including time, date, dosage, and site of administration.
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**Plan for monitoring medication administration:**

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**School Nurse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**