



PENNSYLVANIA EMERGENCY  
HEALTH SERVICES COUNCIL  
*Your Voice In EMS*

### RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: December 9, 2015

Subject: EMT Administration of Glucagon

VTR#: 1215-02

Committee/Task Force: Medical Advisory

Recommended Goal

Recommended Policy Change

Other: No Policy Change

#### **Recommendation:**

**The Pennsylvania Department of Health should not amend the Approved Medications List for EMS Agencies, EMS Providers and Required Medications Based on License Type to authorize administration of glucagon by Emergency Medical Technicians**

#### **Rationale [Background]:**

The Bureau of Emergency Medical Services requested the MAC provide it with a recommendation on the need for and/or appropriateness of emergency medical technicians administering glucagon to patients with confirmed hypoglycemia. This request was generated based on input the BEMS received from the regulated community requesting it consider expanding administration of this medication to BLS-level providers.

Glucagon is peptide hormone, produced by alpha cells in the pancreas, which raises the concentration of glucose in the bloodstream. The pancreas releases glucagon when the concentration of glucose in the bloodstream falls too low; glucagon causes the liver to convert stored glycogen to glucose.

There are a number of medical conditions for which the administration of glucagon is indicated; the most common of which is to correct hypoglycemia when a patient is unable to take glucose orally. In emergency medical services, glucagon is typically given by intramuscular or intranasal injection when IV access cannot be established to facilitate administration of a concentrated dextrose solution.

The medical advisory committee recommends that approval not be granted for the administration of glucagon by EMTs for the following reasons:

1. No empirical or anecdotal data has been provided to support the concept of BLS-level glucagon administration. The committee is unaware of a significant number of patients arriving at emergency departments with an altered level of consciousness due to uncorrected hypoglycemia. Should a BLS agency be experiencing this situation on a regular basis, they should discuss the problem with the local ALS agency and/or consider upgrading to the IALS level.

