



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.

2. High cost of medication; a 1 mg dose of glucagon has a current retail price of \$200.00-\$300.00 and typically has a two year shelf life. It is unlikely that a BLS agency would be able to recover the cost of the medication through reimbursement.
3. The selective expansion of the EMTs' scope of practice into areas of ALS practice could have an adverse impact on future ALS reimbursement. For example, if glucagon, which is considered a second-line ALS intervention for hypoglycemia, is administered by a BLS-level provider, Medicare and other third payers could realign their payment structure to reimburse all diabetic emergencies at the lower BLS rate, regardless of the level of service provided.
4. Emergency medical technicians are not trained in direct medication administration. Glucagon, for example, must be reconstituted using a diluent solution prior to administration, making it somewhat cumbersome to administer.

Medical Review [Concerns]:

See comments above.

Fiscal Concerns:

See comments above.

Educational Concerns:

See comments above.

Plan of Implementation:

N/A

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

Board Meeting Comments/Concerns:

None

Signed: _____ Date _____
 President

For PEHSC Use Only – PA Department of Health Response

Accept:____ Table:____ Modify:____ Reject:____

Comments:

Date of Department Response:_____