

## Emergency Medical Assistants Licensing Board

<b>Glucogel Administration to an Unconscious Patient</b> <b>EMALB2015-05</b>  <b>Responsible Branch: Emergency Medical Assistants (EMA) Licensing Branch</b>  <b>Contact: <a href="mailto:ClinicalAdvisor@gov.bc.ca">ClinicalAdvisor@gov.bc.ca</a></b>	<b>Reference Information (Manual, page number, chapter):</b> <a href="https://bctg.bcas.ca/Introduction/Fundamentals">https://bctg.bcas.ca/Introduction/Fundamentals</a> <a href="https://bctg.bcas.ca/Condition/Principles/8">https://bctg.bcas.ca/Condition/Principles/8</a>
	<b>Replaces former policy: N/A</b>
	<b>Date Effective: September 21, 2015</b>
	<b>Last Update: January 17, 2018</b>
	<b>Next Review Date: January 2019</b>
<b>Keywords</b>	<b>examinations, diabetic, glucogel, unconscious</b>

### 1. Policy Rationale & Purpose:

Numerous inquiries have been made in response to the administration of glucogel to an unconscious patient. The EMA Licensing Branch, in conducting practical examinations leading to licensure, has identified inconsistencies between how some training institutions may be teaching their students and how some candidates are being examined for licensure. The biggest inconsistency between training and licensing examinations has been determining when glucogel should be administered, and whether glucogel should be administered to the patient prior to, or after, transport.

### 2. Policy Scope

This Examination Policy applies to EMA licensing examiners who are assessing the skills of candidates for licensure during EMA Licensing practical exams for candidates at EMR and higher licence categories.

This Examination Policy also applies to all First Responder Evaluators and Instructors providing EMA FR training and exams (excluding the transport requirement and the use of a glucometer).

### 3. Policy Statement:

The EMA Licensing Board has directed that best practice for the **EMA FR licence category** is:

- Glucogel should be considered a medication, therefore, confirmation of hypoglycaemia by the patient, the patient's family/caregiver or an EMA licensed at the EMR level or higher, Hx (rule out other causes), set of vitals (as outlined in [Schedule 1](#) of the EMA Regulation), and positioning should be completed prior to giving glucogel (at the scene)
- While the cot is being prepped, the pt. should be positioned  $\frac{3}{4}$  prone and glucogel administered, as long as the airway is not compromised.
- $\frac{1}{2}$  tube Glucogel given q 5 min. to a total of 50 g max. (call EPOS for further treatment)

The EMA Licensing Board has directed that best practice for the **EMR and higher licence categories** is:

- Glucogel should be considered a medication, therefore, a blood sugar, Hx (rule out other causes), set of vitals (as outlined in [Schedule 1](#) of the EMA Regulation), and positioning should be completed prior to giving glucogel (at the scene).
- While the cot is being prepped, the pt. should be positioned ¾ prone and glucogel administered, as long as the airway is not compromised.
- ½ tube Glucogel given q 5 min. to a total of 50 g max. (call EPOS for further treatment).
- Transport should be initiated between the first administration and the next set of vitals and subsequent treatments.

#### 4. Legal Authority:

As per the **EMERGENCY MEDICAL ASSISTANTS REGULATION**, all EMA's licensed at or above the EMA FR Schedule 2 category are authorized to administer oral glucose:

"If an EMA holds a licence in the category EMA FR, the licensing board may endorse the licence to permit the EMA to provide one or more of the following services:

(e) administration of oral glucose;"

#### 5. Key Stakeholders:

- *EMA Licensing Branch Examiners*
- *Training Institutions delivering Board recognized EMA training programs*
- *BCEHS/BCAS*
- *EMA Licensing Candidates*

#### 6. Definitions:

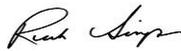
*Oral Glucose includes: Glucogel*

#### 7. Resources:

- *BCAS Treatment Guidelines* <https://bctg.bcas.ca/>

**Reviewed by the EMA Licensing Board on: 21-09-2015**

**Approved (director name & signature):**



**Date approved: September 21, 2015**

**Drafted by: Kim Fiege**