



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

glucagon

Effective Date: Dec 2011

CLASSIFICATION

Hyperglycemic Agent

OTHER NAMES

PAGE

Revised Date: Nov 2024

1 of 2

ADMINISTRATION POLICY:

- IV Infusion Administration restricted to nurses experienced in ED/CARDIAC ROOM/ICU/PACU
- IV Bolus – May be administered by a nurse
- IM Injection – May be administered by a nurse
- Subcutaneous – May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 1 mg glucagon powder with 1 mL diluent to prepare a 1 mg/mL solution

IV Bolus: Administer undiluted over 1 to 5 minutes

IM/ Subcut: Administer undiluted

IV Infusion: Pump Library:

NOTE: IF 100 mL D5W unavailable:

Use 250 mL D5W IV bag. Remove 150 mL from bag and discard; then add 10 mg (10 mL of 1 mg/mL glucagon).

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mg/h	glucag10	Critical Care
Drug	Diluent	Final Volume (VTBI)	Final Concentration
10 mg (10 mL of 1 mg/mL)	100 mL D5W Refer to note above	110 mL	0.091 mg/mL
Clinical Advisory:			
Soft Low Dose Limit: 0.3 mg/h		Soft High Dose Limit: 5 mg/h	

DOSAGE:

NOTE: 1 mg of Glucagon is equivalent to 1 unit

Hypoglycemic episode: 0.5 to 1 mg (0.5 to 1 unit) IV bolus. If no response in 20 minutes, 1 or 2 additional doses may be given.

Maximum daily dose: Hypoglycemic events: 3 mg

Maximum rate: IV bolus: Over 1 minute
 IV continuous: 5 mg/hour (higher rates may be used)

Maximum concentration: 1 mg/mL



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2 of 2

STABILITY/COMPATIBILITY:

Stability of reconstituted solution: Use immediately after reconstitution; discard any unused portion.

Stability of Final Admixture: 6 hours at room temperature in D5W

Compatibility: Compatible with D5W
Incompatible with normal saline

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Nausea, vomiting
- Hypokalemia, hyperglycemia and hypersensitivity reactions
- Transient hypertension and heart rate elevation, hypotension and with rapid administration of large doses

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Continuous Cardiac
- Blood pressure and heart rate at baseline then as clinically indicated
- Serum glucose and potassium at baseline then as clinically indicated
- Monitor vital signs frequently
- In hypoglycemic events, if a patient fails to respond to glucagon, give IV dextrose
- Administer carbohydrates and protein containing foods as soon as possible to prevent recurrence
- Use caution in patients with a history of pheochromocytoma and insulinoma
- Canadian product contains no phenol
- Subcutaneous will not work in people with impaired liver or who have ETOH on board