



Skill Checklist: Administer Glucagon by IM Injection

Administer Glucagon by Intramuscular Injection Checklist

Step 1:	Following your protocol and patient assessment, determine that administering glucagon via intramuscular injection is indicated for your patient.
Step 2:	Rule out any appropriate drug contraindications. Check the glucagon kit to ensure that it is not expired. Perform the 6 Rs.
Step 3:	Organize all the necessary equipment.
Step 4:	Remove the flip-off seal from the bottle of glucagon. Wipe the rubber stopper on the bottle with an alcohol wipe.
Step 5:	Remove the needle protector from the syringe and inject the entire contents of the syringe into the bottle of glucagon, held upright. Do not remove the plastic clip from the syringe.
Step 6:	Swirl the bottle gently until the glucagon dissolves completely. Glucagon should not be used unless the solution is clear and of a water-like consistency.
Step 7:	Using the same syringe, hold the bottle upside down and, making sure the needle tip remains in the solution, gently withdraw all the solution (1 mL mark on the syringe) from the bottle.
Step 8:	Remove the needle from the vial, hold the syringe upright, and remove the bubbles from the syringe. To remove the bubbles, flick or tap the syringe until all bubbles move to the top of the syringe and expel the air until only medication is left.

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Step 9:	Select and prep the injection site: <ul style="list-style-type: none">– Deltoid or thigh– Expose the area– Clean the area with the alcohol swab– Allow to air dry
Step 10:	Administer the medication: <ul style="list-style-type: none">– Pull the skin to stretch it (Z-track technique).– Insert the needle at a 90-degree angle to the skin.– Inject the medication into the muscle.– Dispose of the needle in a sharps container.
Step 11:	Document the administration of the glucagon: <ul style="list-style-type: none">– The name of the drug given– The dose of the drug that was given– The time the dose was given– The route by which the dose was given– The effects the dose had on the patient

Skill demonstrated successfully?

- YES
 NO

Comments:

Instructor signature: _____ Date (DD/MM/YYYY): _____

Candidate signature: _____ Date (DD/MM/YYYY): _____