

Glucagon for Diabetes First Aid Kit

Just like Epi Pen for Severe allergic reactions, Narcan for Opioid Overdose, Glucagon should be in the First Aid Kit for patients with Diabetes on Insulin that are at risk for severe Hypoglycemia

Patients at High Risk for Severe Hypoglycemia:

1. Type 1
2. Type 2 on Insulin:
 - a. Meal Time Insulin (Prandial/Short-acting)
 - b. Basal Insulin (long-acting)
 - c. Insulin in combination with a Sulfonylurea.
3. Patients who have experienced severe hypoglycemia

Procedure:

1. Determine where in workflow to identify and tag for discussion (eg: encounter form).
2. Hypoglycemia Awareness Discussion- (Patient Handout/Discussion)-have kit with pt handout, Gvoke demo, available: *"We are talking to our patients on insulin to make sure they are aware of signs of low blood sugar and have an action plan to treat 'lows' "*
 - o 1.Signs and symptoms of hypoglycemia
 - o 15:15 rule treatment for mild to moderate hypoglycemia (15g of sugar every15 minutes)
 - o Glucagon in the toolbox in case of severe hypoglycemia episodes.
3. Assess Patient: Has patient experienced moderate or severe Hypoglycemia? Recently? Frequency? Would you like me to ask your physician to prescribe a Glucagon kit? IF Patient Accepts Recommendation:
 - a) Run test claim to see what products preferred, what coupons eligible ,copays.
 - b) Send Glucagon Fax Request Communication Form to Physician(Form Can be edited to site/physician preferences: May only want GVOKE; could have Glucagen and Baqsimi.

Training:

Train on use of device (GVOKE Demos available) : When to use, which caregivers/family/friends should be trained, other steps (call 911 if use ?)

Documentation:

- Document Encounters - 1 for education, 2 for training.
- Encounter reasons Hypoglycemia Education 398772000 or Diabetes Education

Create Kit to have on hand:

- Patient Handout for Discussion on Hypoglycemia
- Fax Request Form (paper or fillable form on computer)
- Gvoke: Coupon card and Demo Kit (Baqsimi have one?)
- Training Checklist/Action Plan for patient?
- E care Plan Encounter Form

Action Plan for FTP Pharmacists:

1. Make appointment with local physician office. Discuss this patient safety initiative for mutual patients. This is a great reason to start clinical collaboration with your local physician.

Discuss: Fax Order and Procedure you will follow (Demos, Handouts, info on Insurance coverage in your area)
2. Creating a Standing Order/Protocol/Collaborative Practice Agreement. (only thing to add would be communication back to Dr Office when dispense Glucagon) Glucagon is simple process. Utilize the template, discuss process, edit to physician preference and comfort level. A great way to start clinical collaboration.



1946 42nd St NE Cedar Rapids, IA 524025
PHONE: (319) 393-3210 FAX: (319) 393-2747

Glucagon Request
Communication Form

To:	From:
Fax:	Date:
Patient:	DOB:

Our mutual patient is a candidate for receiving a prescription for a Glucagon Injection based on one or more of the following criteria:

- Type 1 Diabetes
- Type 2 Diabetes taking medication at risk for severe hypoglycemia
 - Meal Time Insulin
 - Long Acting Insulin
 - Insulin and Sulfonylureas
- History of Hypoglycemia Episodes

Patient has accepted this recommendation to have Glucagon Kit on hand

- Patient/Insurance prefers: _____

Prescription Order: Please fill out order below or send electronic order. We will educate the patient and caregiver on how to use.

- Gvoke HypoPen (glucagon autoinjector) 1 mg/0.2 mL (2 pack)

May substitute other Glucagon products based on patient insurance/preference

SIGNED: _____ Date: _____

PLEASE FAX BACK TO 319-393-2747

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Patient Encounter Documentation Form

editable



Patient Encounter Documentation Form - Glucagon

Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified: _____	Intervention Date Resolved: _____
<input type="checkbox"/> Additional Medication Therapy Required	<input type="checkbox"/> Recommendation to Start Rx Medication (Glucagon)
<input type="checkbox"/> Deficient Knowledge of Disease State	<input type="checkbox"/> BG Control Education
<input type="checkbox"/>	<input type="checkbox"/> Prescription Glucagon Medication Started
<input type="checkbox"/> Encounter Reason: Hypoglycemia Education	<input type="checkbox"/> Documentation of Diabetes Med Action Plan

Goal: BG Control Hypoglycemia Education

New Medication Start: _____

Patient Encounter Documentation Form

Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified: _____	Intervention Date Resolved: _____
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Goal:

New Medication Start: _____

Patient Encounter Documentation Form

Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified: _____	Intervention Date Resolved: _____
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Goal:

New Medication Start: _____

Patient Encounter Documentation Form

Patient Name:	Medication:
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Medication Related Problem Date Identified: _____	Intervention Date Resolved: _____
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Goal:

New Medication Start: _____