What else can be done for the Unconscious Hypoglycaemia?





Singapore Healthcare Management 2019

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Background

The clinic faced with a critical situation when an intravenous line for an unconscious hypoglycaemia patient was not accessible.

Results and Recommendation

After a few testing the following were recommended:

2 vials of glucagon to be stored in the 3 polyclinics with

Attempts to obtain an intravenous access were unsuccessful and patient was sent to hospital.

Aim

To administer Intra Muscular (I/M) Glucagon as a 2nd line treatment option of unconscious hypoglycaemia.

This is an established option in the treatment of unconscious hypoglycaemia when Intravenous access cannot be secured to administer dextrose.

Problem

I/M Glucagon needed to be stored in an environment with temperatures of 2-8 degrees.

fridges in their treatment room.

- 5 polyclinics without fridges in their treatment rooms will keep the glucagon in the pharmacy fridge.
- The time required in obtaining Glucagon from pharmacy for usage in the treatment room was tested.

Grab, Check & Go for 5 polyclinics without fridge in treatment room was implemented.

2 vials of Glucagon were issued out as nursing stock and stored in pharmacy fridges.

In an Emergency situation the nurses would: **GRAB** the Glucagon **CHECK** verify the drug with pharmacy staff **GO** back to treatment room

Methodology

A cause and effect analysis was carried out to identified the issues related to the storage of Glucagon.

Survey Findings

A survey conducted found that only 3 out of the 8 polyclinics had pharmaceutical fridges in the treatment room.

PDSA cycles were used to explore solution and sought for a solution.

It was ascertained that it was costly and ineffective:

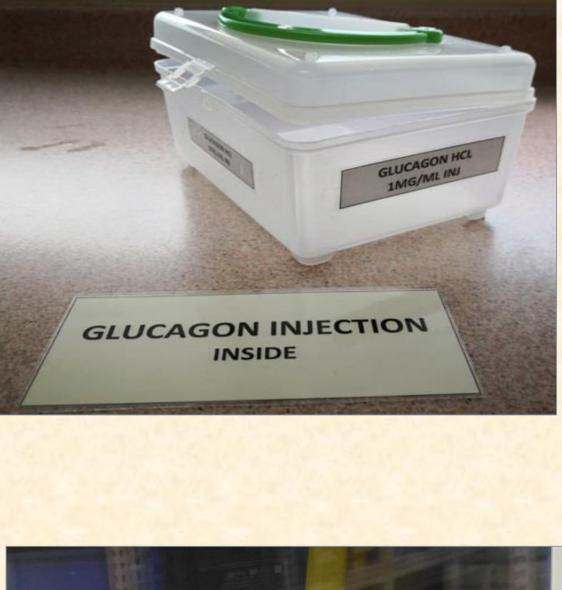
- To buy pharmaceutical fridges, and the Min Max thermometers for the 5 polyclinics just to store 2 vials of Glucagon.
- Resources required to maintain the temperature.

Electricity consumption.

Glucagon was prominently labelled at pharmacy fridge for easy identification by Emergency nurses.

Staffs were reminded of the location of glucagon. Glucagon was added to the weekly checking of treatment room drugs list.





Polyclinics faced infrastructure constraint and unable to find suitable place for the fridge.



The new workflow for I/M Glucagon was approved by Clinical Governance Steering Committee and implemented at all polyclinics

Acknowledgement:

We wish to thank Chief Nurse Stephanie Teo Swee Hong for the support.