Glucagon Is Underprescribed and Underutilized
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All emergency medical technicians, from basic to paramedic, should be allowed to use glucagon, and we should be prescribing it from the emergency department.

Glucagon remains an important treatment for severe hypoglycemia and can be prescribed to patients taking insulin or oral hypoglycemic medications for administration by friends or family. However, glucagon is underprescribed: only 0.2% of Medicare beneficiaries with diabetes were prescribed the medication in 2014. Thus, it often falls to emergency medical services (EMS) personnel to administer glucagon. Despite this, not all emergency medical technicians (EMTs) are allowed to administer it — most states only allow EMT-paramedics to do so.

To further understand state variations in glucagon administration protocols and whether patients prescribed glucagon have fewer emergency department (ED) visits for hypoglycemia, researchers contacted state EMS offices, reviewed Medicare claims data, and analyzed the National EMS Information System database from 2013–2015.

They found that EMT-basics can administer glucagon in only six states (12%). Of the remaining states, seven (14%) do not even allow EMT-basics to check blood glucose levels. Dispatchers correctly identified 45% of calls related to hypoglycemia. The mean response time to calls in which glucagon was administered was 15 minutes. Finally, patients with glucagon prescriptions had fewer hypoglycemia-related ED visits.

COMMENT

There is no medical justification for preventing EMT-basics from administering glucagon, and all state EMS protocols should allow them to do so (and to check blood glucose levels). This study's findings of a 15-minute response time to glucagon administration and dispatchers' difficulty identifying hypoglycemia further emphasize the need. More importantly, we should be offering glucagon kits to all our diabetic patients (analogous to EpiPens and Narcan) — doing so will not only allow their families to treat hypoglycemic episodes prior to EMS arrival, but will likely prevent ED visits as well.
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