**Glasgow Clinical Trials Unit**

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| Form number | **17.028A** | Version | **2.0** |
| Title | **Blood Glucose Hypo Kit Checklist** | | |

Contents of the blood glucose hypo kit must be checked weekly ensuring all items on checklist available and not passed expiry date.

Complete date week commencing and initial to confirm each item available and not passed expiry date.

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| **Week Commencing** |  |  |  |  |  |
| **Contents** | | | | | |
| IM Glucagon hypo kit - to be kept in the nearest drug fridge or labelled with reduced expiry date of 18  months if stored at room temperature |  |  |  |  |  |
| 4 x 85ml of pure fruit juice |  |  |  |  |  |
| 2 x packet of original dextrose or Gluco tablets |  |  |  |  |  |
| 1 x mini pack of biscuits (long acting carbohydrate) |  |  |  |  |  |
| 3 x tubes of fast acting glucose gel 40% |  |  |  |  |  |
| Cannula 18g (green) |  |  |  |  |  |
| Cannula 16g (grey) |  |  |  |  |  |
| 10% glucose for IV infusion (500ml bag) |  |  |  |  |  |
| IV dressing (cannula cover) |  |  |  |  |  |
| IV administration set |  |  |  |  |  |
| 1x green sterile needle 21G |  |  |  |  |  |
| 1x 10ml sterile syringe |  |  |  |  |  |
| 3 x 10ml sodium chloride 0.9% ampoules for flush |  |  |  |  |  |
| Chlorhexidine spray/alcohol wipes |  |  |  |  |  |
| **SIGNATURE** |  |  |  |  |  |
| **DATE** |  |  |  |  |  |