



# GLOBAL EMERGENCY MEDICAL REGISTRY

## Medication by Oral Gel Route (Glucose Gel) Skill Documentation Form

Candidate (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Examiner (Instructor or Licensed Provider): \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

Pass \_\_\_\_\_ Fail \_\_\_\_\_

Task:	Correct	Incorrect
Explains procedure to patient, if possible		
Takes Body Substance Isolation procedures and PPE		
Checks for allergies, contraindications, and incompatibilities prior to administration		
Checks Medication for: <ul style="list-style-type: none"> <li>• Correct Medication and dose?</li> <li>• Gel tube intact?</li> <li>• Correct indication?</li> <li>• Expiration Date?</li> </ul>		
Assesses patient's mental status and ensures patient is able to swallow without airway compromise		
Administers glucose gel correctly by allowing the patient to squeeze tube into their mouth, <u>OR</u> , by placing the gel onto a tongue depressor and placing it in the Buccal cavity		
Monitor patient for possible airway compromise		
Properly documents administration of drug		
Assess patient for desired and/or adverse effects of medication		
Reassess patient		

<b>Critical Failure Criteria</b>	
	Failure to administer medication within 3 minutes
	Failure to take BSI precautions
	Failure to administer the correct drug, dose, or methodology
	Failure to check for mental status and swallowing
	Uses inappropriate affect with patient or examiner
	Uses or orders a dangerous or inappropriate intervention

NOTE: You must factually document any "incorrect" or critical failure criteria on back of this form

NOTE: Provide candidate a reclined "Patient" and provide time to familiarize with supplies provided for skill.