GVOKE HypoPen® (glucagon injection)

HYPOGLYCEMIA & GLUCAGON MANAGEMENT CHECKLIST

EMPLOYEE _____ JOB TITLE _____ DATE _____

Use this document to verify completion of hypoglycemia and glucagon management training. Complete all required fields per facility protocol and select "Met" or "Not Met" to indicate competency for each applicable item.

ASSESSING HYPOGLYCEMIA	MET	NOT MET
List signs and symptoms of hypoglycemia • Some examples include: dizziness, paleness, sweating, shakiness, confusion, irritability[1]		
List steps of checking blood glucose (BG) per facility protocol		
Per facility protocol, hypoglycemia treatment should begin when a resident's BG reading is below _____		
TREATING WITH ORAL GLUCOSE	**MET**	**NOT MET**
If resident is conscious and able to take nutrition, orally administer what?[2] 15 grams of carbohydrates, such as: • ½ cup fruit juice or soda • 1 TBSP honey, sugar, syrup or jelly • 3 glucose tablets • 1 tube dextrose gel		
Repeat BG and re-treat every _____ minutes until BG over _____ without symptoms		
Describe documenting change in condition and notifying physician per facility protocol		
ASSESSING THE NEED FOR GLUCAGON	**MET**	**NOT MET**
When should glucagon be administered to a resident?[2] **List both the blood glucose threshold and symptoms.** **1.** BG reading below _____ **2.** Resident is: • Unconscious • Seizing • Unable or unwilling to swallow • Oral glucose has been attempted but resident is not improving		
RETRIEVING GLUCAGON	**MET**	**NOT MET**
Where is the undesignated emergency glucagon located? _____		
Does retrieving the undesignated emergency glucagon require a separate access code? _____ **If so, what is the code and/or do you have access to the code? _____**		
Is glucagon stored on med carts? _____ **Can glucagon only be pulled from the med cart if assigned to the resident in question? _____**		
GLUCAGON BRAND AND ADMINISTRATION	**MET**	**NOT MET**
What brand of glucagon is in the emergency kits and how is it administered? (ex. GVOKE®, Subcutaneous) _____		
Does the emergency glucagon require reconstitution? _____		
Who can administer the emergency glucagon? (ex. RN, LPN) _____		

INDICATION

GVOKE (glucagon) injection is an antihypoglycemic agent indicated for subcutaneous use for the treatment of severe hypoglycemia in adult and pediatric patients aged 2 years and older with diabetes.

IMPORTANT SAFETY INFORMATION

- GVOKE is contraindicated in patients with:
  - Pheochromocytoma because of the risk of substantial increase in blood pressure

Please see additional Important Safety Information on next page and full Prescribing Information for GVOKE® (glucagon) injection.

ADMINISTERING GVOKE HYPOPEN® (glucagon injection)	MET	NOT MET
List steps to administer GVOKE HypoPen®[3]:		
• Tear open pouch at the dotted line and remove the autoinjector		
• Check the expiration date printed on the label		
• Pull off the **red cap**		
• Choose injection site and expose bare skin • Lower abdomen • Outer upper arm • Outer thigh		
• Push and hold the **yellow end** against injection site for 5 seconds		
• Confirm viewing window has turned red before lifting the device from the injection site		
• Turn resident onto side to prevent choking		
MANAGING POST-ADMINISTRATION & FOLLOW-UP	**MET**	**NOT MET**
List steps following glucagon administration:		
• Stay with resident and retest BG in 15 minutes.		
• If BG is above _____ and resident is able to swallow, provide stabilization snack		
• If BG is below _____ and resident is unable to swallow, administer a second dose of glucagon from a new GVOKE HypoPen® device		
• Dispose of GVOKE HypoPen® in a sharps container		
• Document glucagon administration and change in condition		
• Notify provider and family of change in condition		

EDUCATOR SIGNATURE _____ DATE _____

EMPLOYEE SIGNATURE _____ DATE _____

IMPORTANT SAFETY INFORMATION (CONTINUED)

- GVOKE is contraindicated in patients with:
  - Insulinoma because of the risk of hypoglycemia
  - Prior hypersensitivity reaction to glucagon or to any of the excipients. Serious hypersensitivity reactions have been reported with glucagon, including generalized rash, and anaphylactic shock with breathing difficulties and hypotension
- GVOKE may stimulate the release of catecholamines from the tumor. If patient develops a substantial increase in blood pressure and a previously undiagnosed pheochromocytoma is suspected, 5 to 10 mg of phentolamine mesylate intravenously has been shown to be effective in lowering blood pressure
- In patients with insulinoma, administration of glucagon may produce an initial increase in blood glucose; however, administration may stimulate exaggerated insulin release from an insulinoma and cause hypoglycemia. If a patient develops symptoms of hypoglycemia after a dose of GVOKE, give glucose orally or intravenously
- Patients with insufficient hepatic stores of glycogen may not respond to GVOKE for treatment of severe hypoglycemia. Insufficient hepatic stores of glycogen may be present in conditions such as states of starvation, or in patients with adrenal insufficiency or chronic hypoglycemia
- A skin rash called necrolytic migratory erythema (NME), has been reported post-marketing following continuous glucagon infusion and resolved with discontinuation of the glucagon. GVOKE is not approved for continuous infusion. Should NME occur, consider whether the benefits of continuous glucagon infusion outweigh the risks
- Most common adverse reactions reported in adult patients were nausea, vomiting, injection site edema raised 1 mm or greater, and headache
- Most common adverse reactions reported in pediatric patients were nausea, hypoglycemia, vomiting, headache, abdominal pain, hyperglycemia, injection site discomfort and reaction, and urticaria
- Patients taking concomitant beta-blockers may have a transient increase in pulse and blood pressure. In patients taking concomitant indomethacin, GVOKE may lose its ability to raise glucose or may produce hypoglycemia. GVOKE may increase the anticoagulant effect of warfarin

Please see full Prescribing Information for GVOKE® (glucagon) injection.

REFERENCES: 1. American Diabetes Association. "Signs, Symptoms, and Treatment for Hypoglycemia (Low Blood Glucose)." Accessed May 5, 2026. diabetes.org/living-with-diabetes/hypoglycemia-low-blood-glucose/symptoms-treatment **2.** American Society of Consultant Pharmacists. Hypoglycemia: adult management protocol for long-term care or assisted living. May 2023. Accessed May 5, 2026. cdn.ymaws.com/www.ascp.com/resource/resmgr/docs/prc/Hypoglycemia_Protocol.pdf **3.** GVOKE HypoPen [instructions for use]. Chicago, IL: Xeris Pharmaceuticals, Inc.