



Drug Therapy Protocols: Glucose 10%

Policy code	DTP_GL10_o626
Date	June, 2026
Purpose	To ensure a consistent procedural approach to glucose 10% administration.
Scope	Applies to all Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless specifically mentioned.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
Review date	June, 2028
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

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Glucose 10%

June, 2026

Drug class

Hyperglycaemic^[1]

Pharmacology

Glucose is a sugar that is the principal energy source for body cells, especially the brain.^[1]

Metabolism

Broken down in most tissues and distributed throughout total body water.^[1]

Indications



- **Symptomatic hypoglycaemia** (with the inability to self-administer oral glucose)
- **Unconscious hypoglycaemia** (as specifically authorised in AMP 001/23)

Contraindications



- Nil

Precautions



- Hyperglycaemia

Side effects



- Nil

Presentation

- Viaflex® plastic container, 250 mL *glucose monohydrate 10%*

Onset

Rapid

Duration

Not applicable

Half-life

Not applicable

Schedule

- Unscheduled.

Routes of administration

Intravenous infusion (IV INF)

Intraosseous infusion (IO INF)



Adult dosages

Symptomatic hypoglycaemia

(with the inability to self administer oral glucose)

ACP2 CCP	IV INF	15 g (150 mL) Repeated at 10 g (100 mL) boluses every 5 minutes until BGL \geq 4.0 mmol/L.
CCP	IO INF	15 g (150 mL) Repeated at 10 g (100 mL) boluses every 5 minutes until BGL \geq 4.0 mmol/L.

Special notes

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the *QAS Clinical Consultation and Advice Line*.
- Glucose 10% is the preferred treatment for hypoglycaemia for patients unable to take oral glucose. This is due to its rapid onset and ability to quickly restore blood glucose concentration to normal values.

Paediatric dosages

Symptomatic hypoglycaemia

(with the inability to self administer oral glucose)

ACP2 CCP	IV INF	0.25 g/kg (2.5 mL/kg) Repeated at 0.1 g/kg (1 mL/kg) boluses every 5 minutes until BGL \geq 3.0 mmol/L.
CCP	IO INF	0.25 g/kg (2.5 mL/kg) Repeated at 0.1 g/kg (1 mL/kg) boluses every 5 minutes until BGL \geq 3.0 mmol/L.

Unconscious hypoglycaemia

(as specifically authorised in AMP 001/23)

ACP2	IO INF	<i>QAS Clinical Consultation and Advice Line</i> approval required in all situations. 0.25 g/kg (2.5 mL/kg) Repeated at 0.1 g/kg (1 mL/kg) boluses every 5 minutes until BGL \geq 3.0 mmol/L.
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