# HYPOGLYCEMIC EMERGENCY CARE PLAN

## Causes of Hypoglycemia

- Too much insulin
- Missing or delaying meals or snacks
- Not eating enough food (carbohydrates)
- Getting extra, intense, or unplanned physical activity
- Being ill, particularly with gastrointestinal illness

## Onset of Hypoglycemia

- Sudden – Symptoms may progress rapidly

## The Student Should Never Be Left Alone, or Sent Anywhere Alone, or With Another Student When Experiencing Hypoglycemia

## Hypoglycemia Symptoms

### Circle Students Usual Symptoms

- Shakey or jittery
- Sweaty
- Hungry
- Pale
- Headache
- Blurred vision
- Sleepy
- Dizzy
- Confused
- Disoriented
- Uncoordinated
- Irritable or nervous
- Argumentative
- Combative

- Changed personality
- Changed behavior
- Inability to concentrate
- Weak
- Lethargy
- Inability to eat or drink
- Unconscious
- Unresponsive
- Seizure activity or convulsions
**ACTIONS FOR TREATING HYPOGLYCEMIA**

Notify School Nurse as soon as you observe symptoms
If possible check blood glucose at fingertip
Treat for hypoglycemia if blood glucose level is less than ________ mg/dL

**WHEN IN DOUBT TREAT FOR HYPOGYLEMIA AS SPECIFIED BELOW**

<table>
<thead>
<tr>
<th>Treatment for mild to moderate hypoglycemia</th>
<th>Treatment for severe Hypoglycemia</th>
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| • PROVIDE QUICK ACTING (SUGAR) PRODUCT EQUAL TO ________GRAMS EXAMPLE OF 15 GRAMS CARBS 3-4 GLUCOSE TABLETS 1 TUBE OF GLUCOSE GEL 4 OZ OF FRUIT JUICE 6 OZ SODA  
  • WAIT 10-15 MINUTES  
  • RECHECK BLOOD GLUCOSE LEVEL  
  • REPEAT QUICK ACTING GLUCOSE PRODUCT IF BLOOD GLUCOSE LEVEL IS LESS THAN ________MG/DL  
  • CONTACT THE STUDENTS PARENT/GUARDIAN | • POSITION THE STUDENT ON HIS OR HER SIDE  
• DO NOT ATTEMPT TO GIVE ANYTHING BY MOUTH  
• ADMINISTER GLUCAGON: ________MG AT ________SITE  
• WHILE TREATING, HAVE ANOTHER PERSON CALL 911  
• CONTACT THE STUDENTS PARENT/GUARDIAN  
• STAY WITH THE STUDENT UNTIL EMS ARRIVES  
• NOTIFY HEALTH CARE PROVIDER |

**HEALTH CARE PROVIDER SIGNATURE** ________________________________
**DATE** __________________________________________________________

**SCHOOL NURSE SIGNATURE** ________________________________
**DATE REVIEWED** ________________________________________________