



HYPOGLYCEMIC EMERGENCY CARE PLAN

CAUSES OF HYPOGLYCEMIA	ONSET OF HYPOGLYCEMIA
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • SUDDEN –SYMPTOMS MAY PROGRESS RAPIDLY

THE STUDENT SHOULD NEVER BE LEFT ALONE, OR SENT ANYWHERE ALONE, OR WITH ANOTHER STUDENT WHEN EXPERIENCING HYPOGLEMIA

HYPOGLYCEMIA SYMPTOMS <i>CIRCLE STUDENTS USUAL SYMPTOMS</i>	
<ul style="list-style-type: none"> • SHAKEY OR JITTERY • SWEATY • HUNGRY • PALE • HEADACHE • BLURRED VISION • SLEEPY • DIZZY • CONFUSED • DISORIENTED • UNCOORDINATED • IRRITABLE OR NERVOUS • ARGUMENTATIVE • COMBATIVE 	<ul style="list-style-type: none"> • 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 HYPOGLEMIA AS SPECIFIED BELOW

Treatment for mild to moderate hypoglycemia	Treatment for severe Hypoglycemia
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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 _____