

**ALBEMARLE COUNTY PUBLIC SCHOOLS**  
**Hypoglycemia and Glucagon Training**

**Employee Name:**

**School:**

**Position:**

**PERFORMANCE CRITERIA**

**EVALUATOR'S INITIALS**

1. Accurately states symptoms of hypoglycemia.
2. States appropriate treatment of mild to moderate hypoglycemia.
3. Accurately states situations when Glucagon Emergency Kits should be used.
4. States appropriately how to mix and withdraw Glucagon from the vial.
5. Locates the appropriate injection sites to be used.
6. States the appropriate injection technique to be used.
7. Accurately states side effects of Glucagon.
8. States appropriate precautions to take when administering Glucagon: turn child on side; check MD order for dose; activate 911; call school nurse & parents.
9. States accurately how to prevent recurrent hypoglycemia. (Give food or fluids after child is awake and can safely swallow).

Evaluator signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee signature \_\_\_\_\_

Date: \_\_\_\_\_

