

ST. MARY'S COUNTY PUBLIC SCHOOLS
Department of Student Services
HYPOGLYCEMIA (Low Blood Glucose)- EMERGENCY ACTION PLAN

Student Name: _____		DOB: _____		Date Initiated: _____	
Teacher: _____		Grade: _____		School: _____	
BUS INFORMATION					
Bus # to school: _____ Bus # from school: _____ Additional Bus #'s: _____					
<u>Emergency actions while the student is on the bus:</u>					
<input type="checkbox"/> Follow the emergency action plan below. <input type="checkbox"/> Other: _____					
CAUSES: Not enough or delayed food, unscheduled exercise, too much insulin, too much exercise					
<ul style="list-style-type: none"> Never send a student with suspected low blood sugar anywhere alone NOTIFY SCHOOL NURSE/TRAINED SCHOOL PERSONNEL Check blood glucose or CGM, if possible When in doubt, TREAT for hypoglycemia 					
MILD AND MODERATE SIGNS AND SYMPTOMS (Check student's usual symptoms)					
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> A blood glucose level less than _____ mg/dL with or without additional symptoms</div> <div style="width: 50%;"><input type="checkbox"/> Irritability</div> <div style="width: 50%;"><input type="checkbox"/> Poor coordination</div> <div style="width: 50%;"><input type="checkbox"/> Hunger</div> <div style="width: 50%;"><input type="checkbox"/> Headache</div> <div style="width: 50%;"><input type="checkbox"/> Blurred vision</div> <div style="width: 50%;"><input type="checkbox"/> Shakiness</div> <div style="width: 50%;"><input type="checkbox"/> Sweating</div> <div style="width: 50%;"><input type="checkbox"/> Confusion</div> <div style="width: 50%;"><input type="checkbox"/> Weakness</div> <div style="width: 50%;"><input type="checkbox"/> Drowsiness</div> <div style="width: 50%;"><input type="checkbox"/> Slurred Speech</div> <div style="width: 50%;"><input type="checkbox"/> Paleness</div> <div style="width: 50%;"><input type="checkbox"/> Dizziness</div> <div style="width: 50%;"><input type="checkbox"/> Inability to concentrate</div> <div style="width: 50%;"><input type="checkbox"/> Anxiety</div> <div style="width: 50%;"><input type="checkbox"/> Additional symptoms _____</div> </div>					
EMERGENCY ACTIONS FOR MILD TO MODERATE SYMPTOMS					
<ul style="list-style-type: none"> Provide quick-sugar source of _____ grams carbohydrate (3-4 glucose tablets, 4 oz. juice, 6 oz. regular soda, glucose gel, honey, jam/jelly, sugar candies, fruit snacks/gummies) Wait 15 minutes Recheck blood glucose via fingerstick if glucometer is available (if glucometer is not available use CGM data) Repeat quick-sugar source if symptoms persist or blood glucose is less than _____ mg/dL If next meal or snack is longer than 30 minutes away, follow with a snack of carbohydrate and protein (e.g., cheese and crackers) as provided by parent(s)/legal guardian(s) Contact parent/guardian Additional Actions (specific to student): _____ 					
SEVERE SIGNS AND SYMPTOMS (LIFE-THREATENING) (Check student's usual symptoms)					
<input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Seizure <input type="checkbox"/> Inability to swallow <input type="checkbox"/> Additional symptoms _____					
EMERGENCY ACTIONS FOR SEVERE SYMPTOMS					
<ul style="list-style-type: none"> Do not attempt to give anything by mouth Administer glucagon as prescribed Call 911 Position student on their side and monitor for vomiting Contact parent/guardian Do not leave student unattended Additional Actions (specific to student): _____ 					
STUDENTS ORDERED EMERGENCY MEDICATIONS FOR SCHOOL					
Emergency Medication: Yes No Self-Carry Yes No					
Name of Emergency Medication: _____					
Location of Emergency Medication: _____					
Additional Medication/Procedure Notes: _____					

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CONTACT INFORMATION	
Parent/Guardian #1:	Parent/Guardian #2:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Emergency Contact:	Phone:

Physician's Name/Signature:	Physician's Phone #:
Parent/Guardian Signature:	Date:
School Nurse Signature:	Date:

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D.O.B. _____

Training included: _____

Job Title/Position