



# EMERGENCY CARE PLAN

## DIABETES - HYPOGLYCEMIA

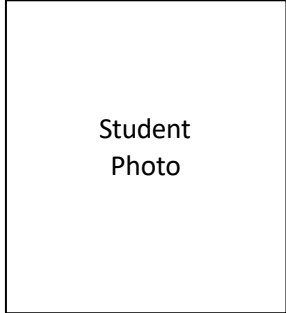
Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School Contact: \_\_\_\_\_ DOB: \_\_\_\_\_  
Mother: \_\_\_\_\_ M Home #: \_\_\_\_\_ M Work #: \_\_\_\_\_ M Cell #: \_\_\_\_\_  
Father: \_\_\_\_\_ F Home #: \_\_\_\_\_ F Work #: \_\_\_\_\_ F Cell #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**SYMPTOMS OF A HYPOGLYCEMIC EPISODE MAY INCLUDE ANY/ALL OF THESE:**

- Shaking, fast heartbeat, sweating, anxiety, irritability
- Complaints of hunger, impaired vision, weakness or fatigue
- **Onset may be sudden and can progress to insulin**

**SEVERE SYMPTOMS INCLUDE:**

- Appears very pale, feels faint, loss of consciousness
- Seizure activity



**STAFF MEMBERS INSTRUCTED:**

- Administration       Classroom Teacher(s)       Special Area Teacher(s)  
 Support Staff       Transportation Staff

**TREATMENT:**

Stop any activity immediately.  
 Accompany the student to the Health Office. Notify school nurse immediately.  
 If off school grounds, provide a source of glucose:  
     ½ - ¾ cup juice  
     Glucose tabs  
     Hardy candy  
     Regular soda (**not diet!**)  
     Glucose gel  
 Notify parents/guardian (do not delay treatment by calling – treat or obtain treatment for student first).

**STEPS TO FOLLOW FOR A HYPOGLYCEMIC EMERGENCY:**

Glucagon ordered:  Yes     No  
 If Glucagon is ordered, it should be given by a willing volunteer who has been trained by the school nurse if student is unconscious, unresponsive or having a seizure.  
 After Glucagon is given, call 911. Notify parents. Preferred Hospital if transported: \_\_\_\_\_  
 Students, receiving glucagon without their parent or guardian present should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Written by: \_\_\_\_\_ Date: \_\_\_\_\_

- Copy provided to Parent       Copy sent to Healthcare Provider

**Parent/Guardian Signature** to share this plan with Provider and School Staff: \_\_\_\_\_

*This plan is in effect for the current school year and summer school as needed.*