



SCHOOL PLAN FOR A CHILD WITH HYPOGLYCEMIA

*To be completed by parents/health care team and reviewed
with necessary school staff annually.
Copies should be kept in the student's classroom and school*



HYPOGLYCEMIA CARE PLAN

Student's Name _____

DOB _____

Grade _____ Teacher _____

Effective Dates _____

CONTACT INFORMATION

Parent/Guardian #1 Telephone: Home _____ Work _____ Cell _____

Parent/Guardian #2 Telephone: Home _____ Work _____ Cell _____

Student's Doctor/Health Care Provider _____ Phone _____

Other Emergency Contact _____ Phone _____

(Relationship to Student)

Notify Parent/Guardian in the following situations _____

LOCATION OF SUPPLIES

Monitoring equipment _____ Snack foods _____

Emergency box _____ Glucagon kit _____

Sharp disposal _____

BLOOD GLUCOSE TESTING

Target range for blood glucose _____ mg/dl to _____ mg/dl

Type of blood glucose meter _____

Usual times to test blood glucose _____ A.M. _____ P.M.

_____ A.M. _____ P.M.

Times to do extra tests _____ Before exercise _____ After exercise

_____ When student has symptoms of low blood sugar

Can student perform own blood glucose tests? _____ Yes _____ No*

Exceptions _____ Supervised? _____ Yes _____ No*

Where the student can perform blood glucose testing

_____ Classroom _____ School Office _____ Other

* **Contact office**

MEALS AND SNACKS

	Time	Food/Amount
Breakfast	_____	_____
A.M./Snack	_____	_____
Lunch	_____	_____
P.M. Snack	_____	_____
Source of Glucose, such as	_____ should be available at all times.	
Preferred snack foods	_____	
Instructions for class functions (ex., class parties)	_____	

EXERCISE AND SPORTS

Does your student participate in sports or after-school activities? _____ Yes _____ No

A snack such as _____ should be readily available at the site of exercise and sports.

Restrictions on activity (if any) _____

Student should not exercise if blood glucose is below _____ mg/dl

Snack before exercise? _____ Yes _____ No After exercise? _____ Yes _____ No

HYPOGLYCEMIA (Low Blood Sugar)

Usual symptoms of hypoglycemia _____

Treatment of hypoglycemia _____

Hypoglycemia Symptoms		
Circle student's usual symptoms		
Mild to Moderate		Severe
___ Shaky or jittery	___ Uncoordinated	___ Inability to eat and drink
___ Sweaty	___ Irritable or nervous	___ Unconscious
___ Hungry	___ Argumentative	___ Unresponsive
___ Pale	___ Combative	___ Seizure activity or convulsions (jerking movements)
___ Headache	___ Changed personality	
___ Blurry vision	___ Changed behavior	
___ Sleepy	___ Inability to concentrate	
___ Dizzy	___ Weak	
___ Lightheaded	___ Lethargic	
___ Confused	___ Other: _____	
___ Disoriented		

Actions for Treating Hypoglycemia	
Notify school nurse or trained diabetes personnel as soon as you observe symptoms. If possible, check Blood glucose (sugar) at side of finger. Treat for hypoglycemia if blood glucose level is less than _____ Mg/dL.	
WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA	
Treatment for Mild to Moderate Hypoglycemia	Treatment for Severe Hypoglycemia
• Provide quick acting glucose (sugar) product equal to _____ grams of carbohydrates. Examples of 15 grams of carbohydrates are listed below: ○ 4 glucose tablets ○ 1 tube of glucose gel ○ 4 ounces of fruit juice (NOT low-calorie or reduced-sugar) ○ 4-6 ounces (1/2 can) of soda (NOT low-calorie or reduced-sugar) • Wait 15 minutes • Recheck blood glucose level • Repeat quick-acting glucose product if blood glucose Level is less than _____ mg/dL. • Contact the student's parents/guardians • Once the student's blood glucose returns to normal, Check the blood glucose level 1 hour later. Provide an additional source of carbohydrate (e.g., whole grain crackers, graham crackers, granola bar, yogurt or fruit) if meal or snack is not planned.	• 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 (Emergency Medical Services) • Contact student's parents/guardians • Stay with student until Emergency Medical services arrive • Notify student's health care provider

Trained school personnel _____ Dates of Training _____
 Trained school personnel _____ Dates of Training _____
 Trained school personnel _____ Dates of Training _____

Emergency Plan completed? _____ Yes _____ No

Parental Checklist

It is the parent's responsibility to be sure students have all necessary supplies available. Students with hypoglycemia must have the following items available at school:

- _____ Authorization to Administer Medication(s) Form for Glucagon (signed by the physician)
- _____ A Hypoglycemia Medical Management Plan (signed by the physician)
- _____ Medication(s) ordered by their physician
- _____ Blood glucose testing supplies (meter, test strips, and extra batteries for meter)
- _____ Lancet device, lancets, gloves, alcohol swabs
- _____ Fast-acting source of glucose
- _____ Carbohydrate/protein containing snack
- _____ Glucagon emergency kit

I give my permission to the school nurse, trained diabetes personnel and other designated staff members of _____ to perform and carry out the diabetes care tasks as outlined by _____ Hypoglycemia Medical Management Plan. I also consent to the release of information contained in the Hypoglycemia Medical Management Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Any change in this document must be approved and signed by the physician.

Acknowledged and received by:

Student's Parent/Guardian

Date

Physician

Date

School Representative

Date