



Great Falls Public Schools – Diabetic Hypo/Hyper Glycemia ECP

Student Name:	ID:	School:	Grade:	Teacher:
DOB:	Plan Year:	School Nurse:	Phone#:	
Does the student have any of the following plan(s)? 504 Y/N IEP Y/N		Does the student ride the school bus? Y/N		
Parent/Guardian:		Phone #:		
Emergency Contact:		Phone #:		
Primary Provider:		Specialist:		
Drug Allergies:		Daily Medications:		

INSULIN via ☐Syringe ☐Pen ☐Pump (type: _____)

Location of emergency supplies:

HYPOglycemia: Low Blood Glucose Below 70 or < _____ mg/dl

NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD GLUCOSE ANYWHERE ALONE!!



MILD OR MODERATE HYPOGLYCEMIA

- | | | |
|---------------------------------------|-------------------------------------|---|
| ☐ Paleness | ☐ Hunger | ☐ Personality change |
| ☐ Headache | ☐ Shakiness | ☐ Poor concentration |
| ☐ Hunger | ☐ Sweating | ☐ Poor coordination |
| ☐ Irritability | ☐ Drowsiness | ☐ Other: |
| ☐ Sweating | ☐ Weakness | |

FAST ACTING SUGAR SOURCES: (15g or _____ g of Carbohydrates)

- | | |
|------------------|--------------------|
| 3-4 Glucose tabs | 6 oz juice or soda |
| 8 oz of milk | 2 rolls smarties |

ACTIONS FOR MILD OR MODERATE HYPOGLYCEMIA

1. Have student check blood sugar if able; if not able to check sugar TREAT AS A LOW
2. If BS <80mg/dl Give student fast-acting sugar
3. Wait 15 minutes
4. Recheck blood sugar
5. Repeat fast-acting sugar source if symptoms persist OR blood glucose is less than 80 or _
6. Have student eat a snack if no lunch/meal within 60 minutes (do not give insulin)
7. Other:



SEVERE HYPOGLYCEMIA

- ☐ Combative
- ☐ Inability to eat or drink
- ☐ Unconscious
- ☐ Unresponsive
- ☐ Seizures
- ☐ Other:

ACTIONS FOR SEVERE HYPOGLYCEMIA

1. **DO NOT give anything by mouth**
2. Position student on side if possible
3. Trained personnel administer **BAQSIMI**
Prescribed Dose: _____ mg/dL
4. **Call 911.** Stay with student until EMS Arrives
5. Contact parent/Guardian and School Nurse
6. Other:

HYPERglycemia – When Blood Glucose is over 300 (or above _____)

MILD OR MODERATE HYPERGLYCEMIA

- | | |
|--|---|
| ☐ Behavior change | ☐ Stomach pains |
| ☐ Headache | ☐ Thirst/dry mouth |
| ☐ Other: | |

ACTIONS FOR MILD OR MODERATE HYPERGLYCEMIA

1. Encourage student to drink water or sugar-free drinks
2. Contact school nurse for assistance if needed



SEVERE HYPERGLYCEMIA

- | | |
|--|--|
| ☐ Breathing changes | ☐ Decreased consciousness |
| ☐ Blurred Vision | ☐ Sweet, Fruity Breath |
| ☐ Nausea/Vomiting | |
| ☐ Other: | |

ACTIONS FOR SEVERE HYPERGLYCEMIA

1. Call 911 if student has breathing changes or decreased consciousness.
2. Contact School Nurse and/or parent
3. Other:

Physician:	Date:	Building Administrator:	Date:
Parent/guardian:	Date:	School Nurse:	Date: