Eden Central Schools

Pupil Personnel Services
3000 Schoolview Road
Eden, New York 14057

Merrie Maxon
Director of Pupil Personnel Services

Phone (716) 992-3645
Fax (716) 992-3660

DIABETES – HYPOGLYCEMIA

Student: _____ Grade: _____ DOB: _____

School Contact: _____ Documentation: __**ON FILE** __**ATTACHED**

Unrestricted access to: ❑ Backpack ❑ Cell phone

Mother: _____ Home #: _____ Work #: _____ Cell #: _____

Father: _____ Home #: _____ Work #: _____ 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 Shock**

SEVERE SYMPTOMS INCLUDE:

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

Student Photo

STAFF MEMBERS INSTRUCTED: ❑ Classroom Teacher(s) ❑ Special Area Teacher(s)
❑ Administration ❑ 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
Hard 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

Parent/Guardian Signature to share this plan with Provider and School Staff: _____