

**HEALTH RELATED ACTION PLAN
Diabetes Emergency Care for
Low Blood Glucose (Hypoglycemia)**

Student Name: _____ ID#: _____ School: _____
Emergency Contacts: Parent 1: _____ Phones: _____ Parent 2: _____ Phones: _____

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

Mild Symptoms

Hunger Dizziness Irritable
Shaky Weak Pale
Anxious Sleepy Crying
Headache Sweating
Unable to concentrate
Other: _____

Moderate

Sleepiness
Erratic Behavior
Confusion
Slurred Speech
Poor Coordination

Severe

Unable to swallow
low
Combative
Unconscious
Seizures

**ALWAYS Check Blood Glucose
ANYTIME the student doesn't feel well.
If less than _____ begin Action below:**
Insert mg/dl

Action for Mild Symptoms

- Provide sugar source
 - 3-4 glucose tabs
 - 4 oz juice
 - 6 oz regular soda, not diet
 - 3 tsp glucose gel
- Wait 10-15 minutes
- Retest blood glucose. If less than _____mg/dl, repeat sugar source and retest blood in 15 minutes.
- If still less than _____, repeat sugar source and contact parents to pick up.

- If blood glucose is between _____ and _____, student may return to class if feeling well.
- Notify Parent and School Nurse.

Action for Moderate Symptoms

- Provide sugar source
 - 3-4 glucose tabs
 - 4 oz juice
 - 6 oz regular soda, not diet
 - 3 tsp glucose gel
- Wait 10-15 minutes
- Retest blood glucose. If less than _____mg/dl, repeat sugar source and retest blood in 15 minutes.
- Provide snack if hasn't had a meal in the last hour.
- After 15 minutes, if still less than _____, repeat sugar source and contact parents to pick up.

- If blood glucose is between _____ and _____, student may return to class if feeling well.
- Notify Parent and School Nurse

Action for Severe Symptoms

**THIS IS A LIFE
THREATENING
EVENT**

**GIVE GLUCAGON
CALL 911**

**Position student on
side.
Notify administrator,
Parent,
School nurse.**

School Nurse Signature: _____ Date: _____

Nurse Contact Numbers: _____

Copy given to _____ Date: _____