



# EMERGENCY ACTION PLAN

## Hypoglycemia – Diabetes

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Picture	<b>Contact Information:</b>
	Parent/Guardian Name: _____ Phone: _____
	Parent/Guardian Name: _____ Phone: _____
	Emergency Contact: _____ Phone: _____
	Additional Contacts: _____ Phone: _____

Building Health Office/School Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

### AN EPISODE OF HYPOGLYCEMIA MAY INCLUDE ANY OR ALL OF THESE SYMPTOMS:

**Are any of these signs and symptoms present and severe?**

- Shaking
- Fast heartbeat
- Sweating
- Anxiety, irritability

**Onset may be sudden and can progress to a life threatening low blood sugar.**  
**If untreated seizures and even death can occur.**

### DO THIS – do not delay treatment.

**TREATMENT:** Stop any activity. Do not leave the student alone.

Accompany the student to the Health Office for treatment, if possible (blood glucose and monitoring).

Access assistance from the school nurse, if possible.

**Proceed with the following care per healthcare provider's instructions:**

- Give snack: ½ to ¾ cup juice, 3 – 4 glucose tabs, or hard candy.
- Give glucose gel for emergency care.
- Give glucagon if unresponsive, unable to swallow, or unable to follow directions. After glucagon is given, call 911. Glucagon should be given without delay if student is unconscious or experiencing a seizure.

Location of student's glucagon: \_\_\_\_\_ Route (injection or intranasal): \_\_\_\_\_

Site on body for glucagon if given by injection: \_\_\_\_\_

Staff member(s) trained by school nurse to administer glucagon to this student: \_\_\_\_\_

\_\_\_\_\_

**Call parents as soon as possible. Have a staff member accompany the student to medical care if needed – do not leave the student unattended. If on a field trip, notify the school nurse at: \_\_\_\_\_**

If glucagon is given, call 911 immediately and transport the student to the nearest emergency room.

Preferred hospital: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Plan written by: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis. In the event of an emergency, care will be initiated and parents will be contacted.*

This plan is in effect for the current school year only.