

# DIABETES

## HYPOGLYCEMIA EMERGENCY ACTION PLAN

(LOW BLOOD SUGAR)

NAME OF STUDENT \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

STUDENT PICTURE  
HERE

CLASSROOM TEACHER \_\_\_\_\_

Wears a medic alert bracelet Y / N

Parent / Emergency Contacts: (Prioritize Calls – 1-2-3)

1. Parent \_\_\_\_\_, \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_  
Last Name, First Name
2. Parent \_\_\_\_\_, \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_  
Last Name, First Name
3. Other \_\_\_\_\_, \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_  
Last Name, First Name

### SIGNS AND SYMPTOMS OF A LOW BLOOD SUGAR ARE:

(Individualize for student)

- Sweating
- Trembling
- Dizziness
- Mood changes
- Hunger
- Headaches
- Blurred Vision
- Extreme tiredness / paleness

Other, please specify \_\_\_\_\_

If the student exhibits any of the above symptoms or feels unwell, looks unwell or says they are “low”

**DO NOT** leave the student alone  
**DO NOT** allow the student to use stairs

### ACTION

Ask student to check their blood sugar  
If the reading is **below 4.0** on the meter  
Give **fast acting sugar immediately**

**3** glucose tablets **or 6oz** (175 ml) of juice / pop (not diet)  
**5 - 6** lifesavers **or** \_\_\_\_\_

**If unable to check blood sugar - provide fast acting sugar** (see above)

Wait 15 minutes - Repeat blood sugar check

If blood sugar is still below **4.0** repeat above ACTION and call parent

If blood sugar is above **4.0** and next meal/snack is greater than 1 hour away, follow-up with a snack (provided by parent), otherwise no further action required

### WHEN TO CALL 911

If student is...

**Unresponsive, Unconscious, Having a Seizure**

1. **Roll student on their side**
  2. **Call 9-1-1**
  3. **Inform EMS student has type 1 diabetes**
  4. **Notify parents'**
- DO NOT give food or drink**

If student is...

**Unwell / Vomiting**

1. **Notify parents**
2. **Call 9-1-1** (if unable to contact parents)
3. **Inform EMS student has type1 diabetes**

I agree that the school may post my child's picture, take emergency measures and share this information as necessary, with the staff of the school and healthcare providers

Date \_\_\_\_\_ Parent's signature \_\_\_\_\_

overleaf/