



# Emergency Care Plan

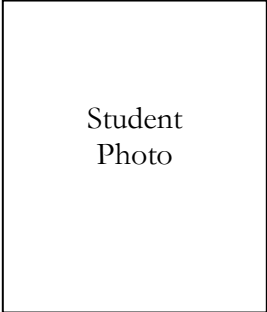


## MONTICELLO CENTRAL SCHOOLS DIABETES - HYPOGLYCEMIA

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mother: \_\_\_\_\_ MHome #: \_\_\_\_\_ MWork #: \_\_\_\_\_ MCell #: \_\_\_\_\_  
 Father: \_\_\_\_\_ FHome #: \_\_\_\_\_ FWork #: \_\_\_\_\_ FCell #: \_\_\_\_\_  
 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

### STAFF MEMBERS INSTRUCTED:

- Administration       Classroom Teacher(s)       Special Area Teacher(s)  
 Support Staff       Transportation Staff

### TREATMENT:

Stop any activity immediately. Have student check blood sugar, if able.  
 Notify school nurse immediately at \_\_\_\_\_. If the student can walk, accompany student to the nurse.  
 If off school grounds, provide a source of glucose:  
     1/2 - 3/4 cup juice  
     3 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.  
 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       Copy sent to Healthcare Provider

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

If reviewed by healthcare provider: signature \_\_\_\_\_ date: \_\_\_\_\_