

EMERGENCY ACTION PLAN

Hypoglycemia – Diabetes

Student Name:		DOB:	Grade:
Student Picture	Contact Information:		
	Parent/Guardian Name:		
	Parent/Guardian Name:	Phone:	- 3
	Emergency Contact:	Phone:	
	Additional Contacts:		
Building Health Offi	ce/School Nurse:	Phone:	
AN EPISO	DE OF HYPOGLYCEMIA MAY INCL	UDE ANY OR ALL OF THE	SE SYMPTOMS:
severe?	signs and symptoms present and	Onset may be can progress to a low bloo If untreated seiz death ca	life threatening d sugar. zures and even
	DO THIS – do not d	lelay treatment.	
Accepted with the Give snack: ½ Give glucose go Give glucagon Glucagon should Location of stude Site on body for g	company the student to the Health Office of cess assistance from the school nurse, if percent of the second of the	cossible. Sometimes instructions: Candy. Die to follow directions. After glustications or experiencing a seizure Route (injection or intranasal)	ucagon is given, call 911.):
leave the student	oon as possible. Have a staff member acco	chool nurse at:	
referred hospital:	call 911 immediately and transport the stud	dent to the nearest emergency	room.
	itten by:		
	nature:		

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.

