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| goodlogo2 | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  | |  |  | School |  | | Student | DOB: | | Year: | | Matric: |  | School: | |  | | | | | |  |  |  | |  | | |  |  | |

**Diabetic Care Plan: Hypoglycemia (Low Blood Sugar)**

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| --- | --- |
| **Low blood sugar for my child is:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Never send a child with suspected low blood sugar anywhere alone. | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Causes of Hypoglycemia** | | | | | | | | |  | | | **Onset** | | | | | | |  | |
| * Too much insulin * Missed food * Delayed food * Too much or too intense exercise * Unscheduled exercise | | | | | | | | | * Sudden | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **Symptoms** | | | | | | | | | | | | |  | | | | |
|  |  | | |  | | |  | | |  | | |  | |  | | | | |  | |  |
| Blood Sugar | | |  | | | Blood Sugar | | |  | |
|  | | |  | | |  | | |  | |
| **Mild** | | | | | | | |  | **Moderate** | | | | | | | | | |  | **Severe**  <30 may result in | | |
| * Hunger * Shakiness * Weakness * Paleness * Anxiety * Irritability * Dizziness | | | * Sweating * Drowsiness * Personality change * Inability to concentrate   Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | * Headache * Behavior change * Poor coordination | | | * Blurry vision * Weakness * Slurred Speech * Confusion * Other | | | | | | | * Loss of consciousness * Seizure * Inability to swallow | | |
| *Circle student’s usual symptoms* | | | | | | | | *Circle student’s usual symptoms* | | | | | | | | | | *Circle student’s usual symptoms* | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Actions Needed**  **Notify School Nurse or Trained Diabetes Personnel. If possible, check blood sugar, per Diabetes Medical**  **Management Plan. When in doubt, always TREAT FOR HYPOGLYCEMIA** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **Mild** | | | | | |  | | **Moderate** | | | | | | | |  | **Severe** | | | | | |
| * Student may/may not treat self. * Provide quick-sugar source.   3-4 glucose tablets  or  4 oz. juice  or  6 oz. regular soda  or  3 teaspoons of glucose gel   * Wait 10 to 15 minutes. * Recheck blood glucose. * Repeat food if symptoms persist or blood glucose is less than \_\_\_\_\_\_\_. * Follow with a snack of carbohydrate and protein (e.g., cheese and crackers). | | | | | | * Someone assists * Give student quick-sugar source per MILD guidelines. * Wait 10 to 15 minutes. * Recheck blood glucose. * Repeat food if symptoms persist or blood glucose is less than \_\_\_\_\_\_. * Follow with a snack of carbohydrate and protein (e.g., cheese and crackers). | | | | | | | | * Position on side, if possible. * Contact school nurse or trained diabetes personnel. * Administer glucagon, as prescribed. * Call 911. * Contact parents/guardian. * Stay with student. * Oral frosting gel to be rubbed on inside of mouth | | | | | |

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Date Parent Signature School Nurse signature

07/30/08