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|  |       |  |       |  | School |       |
| Student | DOB: | Year: |
| Matric: |       | School: |       |
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**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 tabletsor4 oz. juiceor6 oz. regular sodaor3 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