



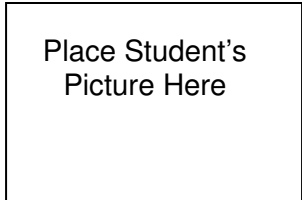
## DIABETES HYPOGLYCEMIA EMERGENCY ACTION PLAN

Student's Name: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

### Parent/Guardian/Emergency Contacts:

(Prioritize calls, i.e. 1, 2, 3)



_____ Parent	_____ (H) 613-	_____ (W) 613-	_____ (C) 613-
_____ Parent	_____ (H) 613-	_____ (W) 613-	_____ (C) 613-
_____ Other	_____ (H) 613-	_____ (W) 613-	_____ (C) 613-

(Names, please print)

## EMERGENCY TREATMENT FOR HYPOGLYCEMIA

### Signs and Symptoms:

- |                                   |                                    |   |   |
|-----------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Trembling | <input type="checkbox"/> Dizziness      | <input type="checkbox"/> Mood changes               |
| <input type="checkbox"/> Hunger   | <input type="checkbox"/> Headaches | <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Extreme tiredness/paleness |

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

Optimum Level (Range) of Blood Sugar is \_\_\_\_\_

### Location of Sugar Treatment

With Student  Other, please specify: \_\_\_\_\_

## WHEN IN DOUBT – TREAT

Select one treatment, provided by parent, from the following:

- 6 oz. (125 ml) of fruit juice/drink (junior juice box) **OR**
- 3 – 4 tsp. (10 – 15 ml) of sugar (3 – 4 packets) **OR**
- 6 oz. (125 ml) of regular pop (not diet type) **OR**
- 3 – 4 tsp. (10 – 15 ml) of honey **OR**
- 4 – 5 glucose tablets Other \_\_\_\_\_

## CALL PARENTS TO INFORM THEM

Wait 10 – 15 minutes. If there is no improvement, repeat the above treatment.

## DO NOT LEAVE THE STUDENT ALONE!

If the student is unconscious,  
 having a seizure or unable to swallow  
**DO NOT** give food or drink

- \*Roll the student on his/her side
- \*Call 9-1-1
- \*Inform parents/guardians

Rte #	AM	PM
Rte #	AM	PM

Original – School; Copy – Renfrew County Joint Transportation Consortium

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