DIABETES EMERGENCY CARE PLAN
Low Blood Sugar

Student Name: ___________________________ Date: ____________________
Grade/Teacher: ___________________________

School Year/ School: _______________________
Parent/Guardian Name: ___________________ Phone: ____________________
Emergency Contact: ______________________ Phone: ____________________
Health Care Provider: _____________________ Phone: ____________________

SYMPTOMS
Low blood sugar: Less than ___ mg/dl

MILD
Hungry
Irritable
Weak
Pain
Crying
Sweating
Unable to concentrate
Other ________

MODERATE
Sleepiness
Behavior Change
Confusion
Slurred speech
Poor coordination
Other ________

SEVERE
Unable to swallow
Combative
Unconscious
Seizure

Never send a child with suspected low blood sugar anywhere alone.

MILD-MODERATE
☐ Provide fast-acting sugar source:
  ● 4 glucose tabs
  ● 4 oz juice
  ● 6 oz regular soda
  ● 3 tsp glucose gel (1 tube)
☐ Wait 10-15 minutes
☐ Recheck blood sugar
☐ If blood sugar is less than 80 mg/dl, repeat sugar source
☐ Provide snack if no meal for 1 hour
☐ If blood sugar greater than 80, student may resume/return to class if feeling better
☐ Communicate with school nurse

ACTION
☐ Treat for low blood sugar on the spot
☐ Check blood sugar if possible
☐ Notify School Nurse Name: ____________
  Contact Number: ______________________

☐ Call 911
☐ Don’t give anything by mouth
☐ Give Glucagon
☐ Position on side
☐ Stay with student
☐ Notify school nurse
☐ Notify parent/guardian

School Nurse
Signature: ___________________________ Date: ____________________

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