



SYRACUSE CITY SCHOOL DISTRICT
EMERGENCY CARE PLAN
DIABETES - HYPOGLYCEMIA



Student: _____ Grade: _____ School Contact: _____ DOB: _____
Mother Home #: _____ Mother Work #: _____ Mother Cell #: _____
Father: _____ FHome #: _____ FWork #: _____ FCell #: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF A HYPOGLYCEMIC EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Shaking, fast heartbeat, sweating, anxiety, irritability
• Complaints of hunger, impaired vision, weakness or fatigue
• Onset may be sudden and can progress to Insulin Shock

SEVERE SYMPTOMS INCLUDE:

- Appears very pale, feels faint, loss of consciousness
• Seizure activity

STAFF MEMBERS INSTRUCTED:

Administration

Classroom Teacher(s)

Support Staff

Special Area Teacher(s)

Transportation Staff

TREATMENT:

Stop any activity immediately.
Accompany the student to the Health Office. Notify school nurse immediately.
If off school grounds, provide a source of glucose:
1/2 - 3/4 cup juice
Glucose tabs
Hard candy
Regular soda (not diet!)
Glucose gel
Notify parents/guardian (do not delay treatment by calling – treat or obtain treatment for student first).

STEPS TO FOLLOW FOR A HYPOGLYCEMIC EMERGENCY:

Glucagon ordered: Yes No
If Glucagon is ordered, it should be given by a willing volunteer who has been trained by the school nurse if student is unconscious, unresponsive or having a seizure.
After Glucagon is given, call 911. Notify parents Preferred Hospital if transported:
Students receiving glucagon without their parent or guardian present should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

Copy provided to Parent

Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____