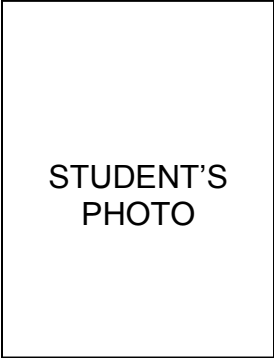


**ST. MARY'S COUNTY PUBLIC SCHOOLS**

*Department of Student Services/ St. Mary's County Health Department*

**EMERGENCY ACTION PLAN  
HYPOGLYCEMIA (LOW BLOOD SUGAR)**  
(Attach copies of Physician Authorization Form)



Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Bus Number to School: \_\_\_\_\_ and Home: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

**Hypoglycemia  
(Low Blood Sugar)**

*Never send a student with suspected low blood sugar anywhere alone.*

- Action Necessary**
- NOTIFY HEALTH STAFF/TRAINED SCHOOL PERSONNEL
  - Check blood glucose if possible
  - When in doubt, TREAT for hypoglycemia

- Mild Symptoms**  
Check student's usual symptoms
- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Hunger       | <input type="checkbox"/> Sweating                 |
| <input type="checkbox"/> Shakiness    | <input type="checkbox"/> Drowsiness               |
| <input type="checkbox"/> Weakness     | <input type="checkbox"/> Personality changes      |
| <input type="checkbox"/> Paleness     | <input type="checkbox"/> Inability to concentrate |
| <input type="checkbox"/> Anxiety      | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Irritability | _____   |
| <input type="checkbox"/> Dizziness    | _____   |

- Moderate Symptoms**  
Check student's usual symptoms
- |  |   |
|--|---|
| <input type="checkbox"/> Headache          | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Behavior change   | <input type="checkbox"/> Confusion      |
| <input type="checkbox"/> Poor coordination | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Blurred vision    | _____                                   |
| <input type="checkbox"/> Weakness          |   |

- Severe Symptoms**  
Check student's usual symptoms
- |  |
|--|
| <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Seizure               |
| <input type="checkbox"/> Inability to swallow  |
- These symptoms are LIFE THREATENING**

- Mild and Moderate**
- Provide quick-sugar source of 15 grams carbohydrate  
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 quick sugar source if symptoms persist or blood glucose is less than \_\_\_\_\_
  - If next meal or snack is longer than 30 minutes away, follow with a snack of carbohydrate and protein (e.g., cheese and crackers) as provided by parent(s)/legal guardian(s)
  - Communicate with parent(s)/legal guardian(s)

- Severe**
- Do not attempt to give anything by mouth EXCEPT glucose gel in cheek pouch
  - Position on side, if possible
  - Administer glucagon as prescribed
  - Call 911
  - Contact parent(s)/legal guardian(s)
  - Do not leave student unattended

- Causes of (Hypoglycemia)**
- |                              |                        |
|------------------------------|------------------------|
| • Not enough or delayed food | • Unscheduled exercise |
| • Too much insulin           | • Too much exercise    |

Additional pertinent information: \_\_\_\_\_

I understand and agree that this Action Plan will be shared with appropriate school staff.

Parent(s)/Legal Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

See back for Emergency Contact Information

Copies to: Parent(s)/Legal Guardian(s) and Health Record

*EMERGENCY ACTION PLAN (CONTINUED)*  
*HYPOGLYCEMIA (LOW BLOOD SUGAR)*

Emergency Contact Information

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent/Legal Guardian #1: \_\_\_\_\_ Parent/Legal Guardian #2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

-----  
Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

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Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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