

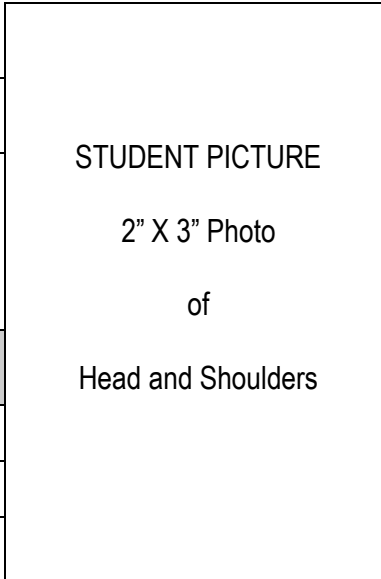
Hypoglycemia Emergency Treatment Form

Student's Name: _____
 Classroom _____
 Teacher: _____

PARENT/EMERGENCY CONTACTS:

Prioritize Calls: 1 – 2 - 3

#	Names (Print)	Home Telephone	Work Telephone
	<i>Parent:</i>		
	<i>Parent:</i>		
	<i>Other:</i>		



EMERGENCY TREATMENT FOR HYPOGLYCEMIA

SIGNS AND SYMPTOMS:

- Sweating Trembling Dizziness Mood Changes
- Hunger Headaches Blurred Vision Extreme Tiredness/Paleness
- Other: Please specify _____

Optimum Level (Range) of Blood Sugar is: _____

Location of Sugar Treatment: **With Student** **Other:** _____

**If able to check blood glucose then test and if reading is < 4mmol/l treat as below
 WHEN IN DOUBT – TREAT**

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

- 4 oz. (125 ml) of fruit juice/drink (junior juice box) **OR**
- 4 oz. (125 ml) or regular pop (not diet pop) **OR**
- 2 to 4 glucose tabs **OR**
- 2 to 3 tsp. (10-15 ml) of sugar (2-3 packets) **OR**
- 2 to 3 tsp. (10-15 ml) of honey **OR**
- **Other:** _____

CALL PARENTS TO INFORM THEM

Wait 10 to 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 911 immediately
- Inform parents or guardians