

Christ the Teacher Catholic Schools

HYPOGLYCEMIA EMERGENCY TREATMENT FORM

Student's Name:

Classroom Teacher:

Parent/Guardian Name(s):

Phone Numbers:

Student

Picture

EMERGENCY TREATMENT FOR HYPOGLYCEMIA

Signs and Symptoms:

Sweating

Trembling

Dizziness

Mood Changes

Hunger

Headaches

Blurred Vision

Tiredness/Paleness

Other (please specify): _____

Optimum Level (Range) of Blood Sugar: _____

Location of Sugar Treatment: _____

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 regular pop (not diet pop) OR
- 2-4 glucose tabs OR
- 2-3 tsp (1-15 mL) of sugar (2-3 packets) OR
- 2-3 tsp. (10 -15 mL) of honey
- 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 911
- * Inform parents or guardians