



# EMERGENCY CARE PLAN

*Eden Central School District*

3150 Schoolview Road  
Eden, New York 14057



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## DIABETES - HYPOGLYCEMIA

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

School Contact: \_\_\_\_\_ Documentation: ON FILE ATTACHED

Mother: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

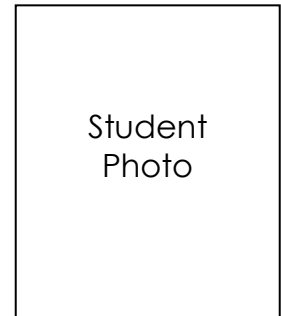
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### 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)     Special Area Teacher(s)
- Support Staff     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

**Parent/Guardian Signature** to share this plan with Provider and School Staff: \_\_\_\_\_