

**Woodville Independent School District
Health Services
Emergency Care Plan**

Hypoglycemia

Student: _____ Grade: _____ DOB: _____

Mother: _____ Home: _____ Work: _____ Cell: _____

Father: _____ Home: _____ Work: _____ Cell: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

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

- Shaking, fast heartbeat, sweating, anxiety, irritable
- Complaints of hunger
- Impaired vision
- Weakness or fatigue
- Sleepiness or not responding
- 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: ___ Classroom Teachers ___ Administration ___ Support Staff

Treatment

1. Stop any activity immediately
2. Accompany the student to the nurse's office. Notify school nurse immediately.
3. Give victim sugar (soda, fruit juice, packet of sugar) **NO** sugar substitutes and **NO** diet drinks.
4. Use Glucagon if prescribed by physician.
5. Notify parents/guardian
6. Call 911 if needed.

Physician: _____ Phone: _____

Nurse's Signature: _____ Date: _____