

RETURN TO SCHOOL NURSE

SCHOOL GUIDELINES FOR THE STUDENT WITH HYPOGLYCEMIA

Student Name _____ DOB _____ Date _____
School _____ Grade _____ Teacher/Team _____

Parent Name _____ Phone _____

In case of emergency and parents cannot be contacted, please call:

Name _____ Phone _____

Student has been diagnosed by a physician for hypoglycemia. **YES/NO**

-If YES, please attach a note from physician with this diagnosis and treatment plan.

Physicians order for glucometer while at school. **YES/NO**

Student will check blood sugar level **WITH/WITHOUT** assistance. (circle)

Blood sugar level will be checked: (time) _____

Glucometer/equipment will be stored: _____

SYMPTOMS:

*hunger	*weakness	*poor coordination
*headache	*shakiness	*irritability
*dizziness	*palor	*sweating
*slurred speech	*sleepiness	*Other _____

At first signs of these symptoms please follow these instructions:

1. Do not leave student alone or allow to walk to designated area alone!
2. If student is CONSCIOUS give fast acting sugar /carbohydrate source (fruit juice).
If symptoms subside , follow with a light protein snack (crackers, milk). If symptoms do not improve in 15 minutes, repeat above.
3. If student is UNCONSCIOUS, place student on side to prevent aspiration.
4. Call 911, parents and school nurse.
5. Remain with student until ambulance arrives.

Parent Signature _____ Date _____

School Nurse _____ Date _____