

**JACKSON R-2 SCHOOL DISTRICT  
HYPOGLYCEMIA ACTION PLAN**

Student name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please note that it is vital to your child's health to maintain a routine eating schedule as well as eating a recommended diet. We ask that you make sure your child eats a good, balanced breakfast, lunch and snack(s) if necessary, in order to keep hypoglycemic reactions to a minimum.

**Type of hypoglycemia:**

- \_\_\_\_\_ Fasting; low glucose levels in the morning, before meals, after too much exercise or by fasting
- \_\_\_\_\_ Reactive; low glucose levels after a meal, normally due to overproduction of insulin in response to sugar intake

**Physical Education:** class time or hour: \_\_\_\_\_ Snack before? Yes \_\_\_ No \_\_\_

**Signs of low blood sugar for my child include:** \_\_\_\_\_

Does child monitor glucose level? Yes \_\_\_\_\_ No \_\_\_\_\_ **Implement treatment if blood sugar is  $\leq$**  \_\_\_\_\_

**Treatment for Reactive hypoglycemia:**

- 1) High protein or carbohydrate snack, avoiding sugar that would stimulate more insulin production
- 2) If severe, a small amount of a sugar snack may be given first, but it **must** be followed by a high protein or carbohydrate snack such as peanut butter or cheese crackers and milk

**Treatment for Fasting hypoglycemia:**

- 1) Any candy, snack, soda or juice that contains at least 15 grams of sugar
- 2) Monitor student for 15-20 minutes or until recovered

**If severe:** \_\_\_\_\_ glucagons tablets **OR** \_\_\_\_\_ glucagons injection (if available)

**If unconscious:**

If measures taken to raise blood sugar level have not been successful, we will:

- 1) call 911
- 2) notify parent or emergency contact
- 3) notify physician of record

**Emergency items provided by parent and where it can be found:**

_____ glucose tablets	_____ in nurse's office	_____ classroom	_____ bookbag
_____ glucagon pen	_____ in nurse's office	_____ classroom	_____ bookbag
_____ glucometer	_____ in nurse's office	_____ classroom	_____ bookbag
_____ snacks	_____ in nurse's office	_____ classroom	_____ bookbag
_____ other _____	_____ in nurse's office	_____ classroom	_____ bookbag

Are there any other instructions which you would like us to follow? \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Person completing form:** \_\_\_\_\_ **Parent** \_\_\_\_\_ **Physician:** \_\_\_\_\_

**JACKSON R-2 SCHOOL DISTRICT  
HYPOGLYCEMIA NEEDS ASSESSMENT**

Student name \_\_\_\_\_ Date of birth \_\_\_\_\_

Please note that it is vital to your child's health to maintain a routine eating schedule as well as eating a recommended diet. We ask that you make sure your child eats a good, balanced breakfast, lunch and snack(s) if necessary, in order to keep hypoglycemic reactions to a minimum. **Please answer the following questions to the best of your ability. If you desire a conference with the school nurse, please call for an appointment.**

Age of diagnosis? \_\_\_\_\_ Type of hypoglycemia diagnosed? \_\_\_\_\_ Fasting \_\_\_\_\_ Reactive \_\_\_\_\_

Does the student know what the signs and symptoms of low blood sugar are? \_\_\_\_\_ Yes \_\_\_\_\_ No

What does the student do if low blood sugar occurs? \_\_\_\_\_

Are there any physical/medical/age limitations that could affect compliance? \_\_\_\_\_

**Snacks:** Type of snack \_\_\_\_\_ Snack time(s): \_\_\_\_\_

Where will snack be kept? \_\_\_\_\_ nurse's office \_\_\_\_\_ bookbag \_\_\_\_\_ classroom

Preferred party treats: \_\_\_\_\_

**Monitoring:** Is glucose monitoring needed at school? \_\_\_ Yes \_\_\_ No \_\_\_ Occasionally. Will your child require assistance with monitoring? \_\_\_ Yes \_\_\_ No Time for glucose check: \_\_\_\_\_

The physician wishes treatment for low blood sugar when the reading is  $\leq$  \_\_\_\_\_

**Support:** Do friends know about your child having hypoglycemia? \_\_\_\_\_ Yes \_\_\_\_\_ No Can they get help for your child when signs and symptoms of low blood sugar occur? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
R.N. SIGNATURE

\_\_\_\_\_  
DATE