

# DIABETES SKILLS CHECKLIST – Hypoglycemia

Name of Staff Member (UAP): \_\_\_\_\_ 1

♦HYPOGLYCEMIA:	Training Date/ RN Initials	Training Date/ UAP Initials	Return Demonstrations		
			Date/ RN + UAP Initials	Date/ RN + UAP Initials	Date/ RN + UAP Initials
<b>A. States name and location of Hypoglycemia Emergency Care Plan</b>					
<b>B. Preparation</b>					
1. Reviews symptoms of hypoglycemia:					
▪ Mild					
▪ Moderate					
▪ Severe					
2. Identifies where to find student specific supplies					
<b>C. Identifies supplies:</b>					
1. Lists various glucose products and amounts to be given					
2. Lists various sugar sources and amounts to be given					
3. Identifies appropriate carb & protein snacks					
<b>D. Procedure:</b>					
1. Verbally recites appropriate response to a case scenario of hypoglycemia.					
• Check blood glucose if able					
• Provide appropriate glucose/sugar source					
• Wait 10 minutes, recheck, if blood glucose 70 or above and no symptoms, follow up with a carb & protein snack or meal (if scheduled within the hour) student/child may return to class/activities					
• If below 70, treat again					
• Call school nurse & parents					
• Call 911 if unresponsive to oral glucose interventions					

Staff Member (UAP) Signature \_\_\_\_\_

Initials \_\_\_\_\_

Nurse Consultant Signature \_\_\_\_\_

Initials \_\_\_\_\_

#503

Diabetes Resource Nurses

based on NASN. (2007) HANDS: Helping Assist with the Needs of Students with Diabetes in Schools.

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