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| 1. States understanding that Hypoglycemia/Low Blood Sugar requires immediate action
2. The Individualized Health Plan (IHP) is referenced and necessary interventions are followed.
3. Obtain CGM/Blood Glucose value if possible. \* If CGM/blood glucose within range but student symptomatic provide 10-15 gram solid carb snack (crackers, 1⁄2 granola bar, etc.) \* Always treat if in doubt or blood sugar result is unavailable
4. **Preparation:**

1. Review Signs/Symptoms of Hypoglycemia/Low Blood Sugar: **Mild** shakiness, irritability, anxiety, paleness, sleepiness (Sometimes there are NO SIGNS or SYMPTOMS)**Moderate** increased irritability, confusion, dazed appearance – Student unable to coordinate efforts to drink juice or chew up glucose tabs – adult intervention is necessary/Glucose gel**Severe** unconscious/unresponsive and/or seizure - Glucagon and **CALL 911****E. Identifies Supplies and Location where supplies are kept:**1. **List appropriate fast acting sugar** (carbs): juice, regular soda, glucose tabs, smarties, glucose gel2. **List appropriate stabilizing snack of carb/protein/fat:** granola bar, cheese and crackers, peanut butter andcrackers3. **Glucagon** for severe low- unconscious/unresponsive and/or seizure  (see *Glucagon Emergency Kit* OR *Baqsimi Nasal Glucagon* or *Gvoke* standard training checklist)**F. Procedure:**1. Verbally recite appropriate response to a case scenario of hypoglycemia/low blood sugar 2. Check CGM/BG if possible3. Provide appropriate fast acting sugar source- Check IHP for specific instructions for student - The Carb amount for treating lows is individualized for each student. **Mild low:** juice or regular soda, glucose tabs, smarties, Skittles (see ISHP)**Moderate low:** Glucose Gel – Keep student’s head upright, squeeze glucose gel between cheek and gum, massage outer cheek and encourage student to swallow. Squeeze small amounts of gel at a time.**Severe low:** Glucagon Emergency Kit or Baqsimi Nasal Glucagon or Gvoke pre-filled syringe.4. Re-check CGM/BG in 15 minutes. Student to remain under adult staff supervision at all times. 5. If blood sugar is still below target range, re-treat with specified amount of fast acting sugar (per ISHP). Re-check in 15 minutes.   **\*\*If CGM being used - Remember the possibility of lag time in showing that the glucose has risen to a safe level.** To avoid overtreating a low, it may be best to have student do a finger stick BG if CGM value is still below target at 15 minute check.6. Once CGM/BG in target range, student should eat stabilizing snack (if indicated per ISHP) OR Lunch (if scheduled for that time).7. **Lows before lunch must be treated! *\*\*Insulin is then given after lunch has been eaten\*\******G**. Contact parent and District Registered Nurse as indicated in IHP**H.** Document on Daily Diabetes Monitoring Log**I.**  **Call 911** if student becomes unresponsive, has a seizure or is unable/unwilling to take gel or juice.**J.** Prepare to administer Glucagon/Baqsimi/Gvoke if student becomes unconscious/unresponsive and/or has a seizure. |

 Colorado Kids with Diabetes Care and Prevention Collaborative Apr 2020