

HYPOGLYCEMIA (LOW BLOOD GLUCOSE) TREATMENT GUIDE FOR SCHOOLS



1. RECOGNIZE

Child may have one or more of the following symptoms



2. CONFIRM

Check blood glucose with a glucometer.
Hypoglycemia is blood glucose less than 70 mg/dl

If glucometer is not available, TREAT ANYWAY



3. TREAT IN PLACE

DO NOT LEAVE THE CHILD ALONE

GIVE FAST-ACTING SUGAR

Let the child sit down and give ONE serving of any of the fast-acting sugar.
Examples in [Table 1 \(on the back of this card\)](#).



4. RECHECK BLOOD GLUCOSE IN 15 MINUTES

If it is more than 70 mg/dl, proceed to step 5.

If less than 70 mg/dl, REPEAT steps 3 & 4



5. GIVE A SNACK

If blood glucose is more than 70 mg/dl and the next meals is not yet due, give a slow-acting carb snack. Examples in [Table 2. \(on the back of this card\)](#).

Think **LOW glucose** if your pupil seems...



SEEK URGENT MEDICAL ATTENTION IF:

- Vomiting
- Stomach pain
- Blood glucose remains low even after 2 hypo treatments
- Symptoms worsen
- Child becoming more and more drowsy



IF CHILD IS DROWSY, UNCONSCIOUS, OR HAVING FITS.



DO NOT FEED FORCEFULLY

• PUT IN RECOVERY POSITION



• CALL AN AMBULANCE/TAKE TO HOSPITAL



• INFORM THE DOCTOR ABOUT CHILD'S DIABETES








Examples of fast-acting sugars and post hypoglycemia treatment snacks

★ USE ONLY ANY ONE OF THESE

Table 1.

Fast acting sugar	< 5 yr (5g)	5-10 yr (10g)	>10 yr (15g)
Table sugar or Glucose powder 	1 teaspoon	1.5 teaspoon	1 tablespoon 2 teaspoons
Glucose bolts (2g/piece) 	3 tablets	5 tablets	6-7 tablets
dextrose tablets 	1-2 tablet	2-3 tablets	4 tablets
Juice 	30 ml	70 ml	100 ml

Table 2.

Example snack after HYPO treatment Any ONE of these (15gm carbs)	
Unsweetened milk 200ml	
1/2 of big banana Or 1 small banana	
1 medium Apple	
1 Idli with tomato chutney	
Bread 1 piece with butter/chutney	

CHILD'S EMERGENCY DETAILS (Please fill out the details)

NAME: _____ CLASS _____ SECTION _____

PARENT'S CONTACT NUMBERS: _____

NEAREST HOSPITAL EMERGENCY NUMBER: _____

MY CHILD'S LOW GLUCOSE SYMPTOMS: _____
