

**Ohio Department of Health/Ohio Association of School Nurses
Emergency Action Plan for Severe Hypoglycemia (Low Blood Sugar/
Glucose)**

Order for Administration of Injectable or Nasally Administered Glucagon

SYMPTOMS

For **Any** of the Following **SYMPTOMS**
(Stay with individual. Never leave them alone.)

One or more of the following:

- Loss of consciousness.
- Seizure.
- Decreased alertness.
- Inability to safely swallow a fast acting carbohydrate.



ACTION STEPS

1. ADMINISTER injectable or nasally administered glucagon IMMEDIATELY!

(See medication/dosage below)

2. Call EMS (911).
3. Begin monitoring (see box below).

MONITORING

Monitoring after 911 is called –Airway, Breathing and Cardiac.
Stay with individual; alert healthcare professional and parent.

Note:

- ☐ Record time injectable or nasally administered glucagon used and inform rescue squad upon arrival.
- ☐ Turn on side if unconscious.
- ☐ Restrict physical activity and allow individual to rest.
- ☐ If able to safely swallow without choking, give juice to drink, and encourage a snack such as crackers and peanut butter.
- ☐ Provide First Aid/CPR as necessary; AED if available.

MEDICATION/DOSAGE

Medication/Dosage: Select appropriate injectable or nasally administered glucagon and dose based on practitioner's orders. Review manufacturer's instructions for specific use of injectable or nasally administered glucagon. Additional comments:

AUTHORIZED SIGNATURES

Licensed Healthcare Professional Authorized to Prescribe

Name/Title (Printed): _____ Practice Name: _____

Contact Phone Number: _____ Practice Address: _____

Signature: _____ Authorization Dates: Start _____ Stop _____

School Use only:

School Administrator Authorization

Name/Title (Printed): _____ School Building: _____

Note: Administrator responsible for maintaining list of trained, designated personnel for injectable or nasally administered glucagon

Signature: _____ Date: _____