

APPENDIX: 31

TITLE: HYPOGLYCEMIC TREAT-AND-RELEASE CHECKLIST

REVISED: November 1, 2017

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is there a clear reason for the hypoglycemic episode?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the patient alert and oriented?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is the patient's repeat BG above 80 mg/dl?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has the patient's BG been well-controlled prior to this episode?                |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is the patient able to eat a complex carbohydrate meal?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the patient have regular, on-going physician care?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Is the patient comfortable with non-transport?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Is the patient/guardian willing to sign a release form?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Is there another responsible person with the patient?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Is the patient's temperature within normal limits?<br>Normal = 95° to 100.4° F |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Is the patient free of the influence of alcohol or other CNS-altering drugs?   |

Any "No" answer above requires contact with Medical Control prior to release.

Time: \_\_\_\_\_

Facility: \_\_\_\_\_

Physician: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Hypoglycemic Treat-and-Release Checklist

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