

## APPENDIX: V

## TITLE: TREAT AND RELEASE CHECK SHEET FOR HYPOGLYCEMIC PATIENTS

REVISED: February 9, 2010

Hypoglycemic Treat-and-Release  
Check Sheet

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? (95° to 100.4° Fahrenheit)
<input type="checkbox"/>	<input type="checkbox"/>	11. The patient is 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: \_\_\_\_\_

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