This information is confidential and can only be shared on a "need to know" basis.

Quick Reference Emergency Plan - Level II

for a Student with Diabetes

Hypoglycemia (Low Blood Sugar)

Student's Name:				
	Date of Plan:			
Emergency Contact Information	:			
Mother/Guardian				
Home phone:	ome phone: Work phone:			
Father/Guardian	_			
		Work phone:Cell phone:		
Trained Diabetes personnel:	-	-		
Scheduled classroom snack:				
Is student self care?Y				
	e a student with suspected low b	blood sugar anywhere alone		
Courses of Hymn		Onset		
Too much insulin	Causes of Hypoglycemia Too much insulin			
Missed food	• Sudden			
Delayed food				
Too much or too isUnscheduled exerc				
- Onsenedared exert	<u> </u>			
	Symptoms			
	\			
Mild	Moderate	Severe		
•Hunger •Sweating •Shakiness •Drowsiness	I I	ry vision •Loss of consciousness •Seizure		
Weakness Personality change	Behavior change Poor coordination Slurre	red speech		
Paleness •Unable to concentrate	•Able to swallow •Conf	fusion		
•Anxiety •Irritability •Dizziness •Other:	•Other:	circle student's usual symptoms		
circle student's usual symptoms	circle student's usual sympto	s usual symptoms		
+	\ \			
WHEN IN I	Actions Needed DOUBT, ALWAYS TREAT I			
\	+	+		
Mild / Mo	oderate	Severe		
Allow student to eat a quick sugar source. The student		Don't attempt to give		
may have this sugar source in a backpack or teacher may have been provided an appropriate sugar source (4-6 life		1 1 7 7 7		
savers, glucose gel, glucose	If unconscious, position on side, if possible			
If the student is self-care, allow student to check blood		Send a runner for the school		
sugar and eat quick sugar s	I I I			
to plan of care	personnel			
Please allow immediate acceptate will need to be asset. Student will need to be asset.	Keep calm and reassure			
Student will need to be esc student for the nurse or train	other people nearbyStay with student			

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Quick Reference Emergency Plan - Level II

for a Student with Diabetes

Hyperglycemia (High Blood Sugar)

Student's Name:					
Grade/Teacher:	Date of Plan:				
Emergency Contact Information:					
Mother/Guardian					
Home phone:	Work phone:	Cell phone:	Cell phone:		
Father/Guardian	•	•			
			Cell phone:		
Trained Diabetes Personnel:	•	•			
Scheduled classroom snack:					
Is student self care? Y					
Causes of Hyp Too much Too little Decreased Illness/Inf Stress	food insulin d activity fection Symptoms	Onset Over time-several hours or days			
Mild Thirst Frequent Urination Fatigue/sleepiness Increased hunger Blurred vision Stomach pains Flushing of skin Lack of concentration Other:	Moderate Mild symptoms plus: Dry mouth Nausea Stomach cramps Vomiting Sweet, fruity breath Other:	Mild and Moplus: Labored breaver Very weak Confused Unconscious	Labored breathingVery weak		
	<u> </u>		,		
 Mild/Mo Allow free use of the bathro Encourage student to drink v If the student is self-care, all sugar and administer insulin plan of care Allow student immediate ac Student will need to be esconstudent for the nurse or train 	om water or sugar-free drinks ow student to check blood as necessary, according to cess to the clinic if needed. rted or may send another	 Severe Don't attempt to anything by moderate of the content of	o give outh position on e for the school diabetes reassure earby		