## Quick Reference Emergency Plan - Off-Campus Activity Sponsor

for a Student with Diabetes

## Hypoglycemia (Low Blood Sugar)

Student's Name:			
	Date of Plan:		
Emergency Contact Information	on:		
Mother/Guardian			
Home phone:	Work phone:	Cell phone:	
Father/Guardian			
Home phone:	Work phone:	Cell phone:	
School Phone:	School nurse phone: Clini	cCell:	
Trained Diabetes personnel:			
Is student self care?	Yes No		
Never send/lea	eve a student with suspected low blood sug	ar anywhere alone	
Causes of Hy Too much insuli Missed food Delayed food Too much or too Unscheduled ex	• Sudd	<b>Onset</b> len	
	Symptoms		
Mild  Hunger •Sweating  Shakiness •Drowsiness  Weakness •Personality change  Paleness •Unable to concentrate  Anxiety •Irritability  Dizziness •Other:  circle student's usual symptoms	Moderate  •Headache •Blurry vision •Behavior change •Poor coordination •Able to swallow •Other:  circle student's usual symptoms	Severe  •Loss of consciousness •Seizure  circle student's usual symptoms	
▼	<b>∀</b>	<b>▼</b>	
WHEN IN	<b>Actions Needed</b> N DOUBT, ALWAYS TREAT FOR HY	POGLYCEMIA	
<b>\</b>	<b>+</b> ,	<b>\</b>	
<ul> <li>Ask student if quick sugar</li> <li>Provide quick sugar sour</li> <li>4-6 Life savers</li> <li>or 3 teaspoons of glucose</li> <li>or 3-4 glucose tablets</li> <li>or 4 oz juice</li> <li>or 6 oz regular (not diet)</li> <li>Contact parent/guardian,</li> <li>Repeat quick-sugar source</li> <li>If student is self care, alle</li> </ul>	ce: e gel soda school nurse/school	<ul> <li>Severe</li> <li>Don't attempt to give anything by mouth</li> <li>If unconscious, position on side, if possible</li> <li>Contact 911, parent/guardian, school nurse/school</li> <li>Stay with student</li> </ul>	

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

## Quick Reference Emergency Plan – Off-Campus Activity Supervisor

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:	
Father/Guardian			
Home phone:	Work phone:	Cell phone:	
School Phone:	School nurse phone: Clin	icCell:	
Trained Diabetes Personnel:			
Is student self care?Y	esNo		
Causes of Hyp  Too much Too little Decreased Illness/Inf Stress	n food insulin d activity  • Ove	Onset r time-several rs or days	
	Symptoms +		
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:	Severe  Mild and Moderate symptoms plus: Labored breathing Very weak Confused Unconscious  circle student's usual symptoms	
circie situeni s usutu sympionis	circle student's usual symptoms	<del></del>	
<ul> <li>Mild/Mode</li> <li>Allow free use of the bathroom</li> <li>Encourage student to drink volume</li> <li>If student is self care, allow and administer insulin if necourage</li> </ul>	om water or sugar-free drinks student to check blood sugar	Severe  Don't attempt to give anything by mouth  If unconscious, position on side, if possible  Contact 911, parent/guardian, school nurse/school  Stay with student	