Quick Reference Emergency Plan - Transportation/Bus Driver

for a Student with Diabetes

Hypoglycemia

(Low Blood Sugar)

Bus # _____

Student's Name	e:				
Grade/Teacher:			D	ate of Plan:	
Emergency Co	ntact Information:				
Mother/Guard	ian				
Home phone:		Work phone:		Cell phone:	
Father/Guardia	an				
Home phone:		Work phone:		Cell phone:	
School Phone:					
Trained Diabet	es personnel:				
Is student self c	Never send/leave a	SNo	cted low blood sug	gar anywhere alon	e
Causes of Hypogl Too much insulin Missed food Delayed food Too much or too intuition Unscheduled exercise		ense exercise	• Sudo	Onset Sudden	
		Symp	toms		
Mild •Hunger •Sweating •Shakiness •Drowsiness •Weakness •Personality change •Paleness •Unable to concentrate •Anxiety •Irritability •Dizziness •Other:		Headache Behavior change Poor coordination Able to swallow Other:	•Slurred speech •Confusion	• Loss of conscious • Weakness • Slurred speech • Confusion • Loss of conscious • Seizure • Conscious • Seizure	
circle student's usual symptoms circle student's usua.		usuai sympioms		★	
	WHEN IN DO	Actions	Needed FREAT FOR HY	POGLYCEMIA	
	+	+		~	<u> </u>
 Mild / Moderate Ask student if quick sugar source is in backpack Provide quick sugar source: 4-6 Life savers or 3 teaspoons of glucose gel or 3-4 glucose tablets or 4 oz juice or 6 oz regular (not diet) soda Call Dispatch to contact parent/guardian, school nurse/school Repeat quick-sugar source if symptoms persist If student is self care, allow student to check blood sugar and eat a quick sugar source if necessary, according to plan of care 				Don't attem anything byIf unconscion side, if possCall Dispato	mouth bus, position on ible ch to contact guardian, school

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

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(High Blood Sugar)

Bus # _____

Student's Name:			
Grade/Teacher:	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: Clin	nicCell:	
Trained Diabetes Personnel:			
Is student self care?	Yes No		
Too mToo litDecrea	Ised activity hou	Onset er time-several urs 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	
	_	<u> </u>	
 Mild/N On long trips, provide fre Encourage student to drin If student is self care, alloand administer insulin if recare 	Severe Don't attempt to give anything by mouth If unconscious, position on side, if possible Call Dispatch to contact 911, parent/guardian, school nurse/school Stay with student		