Quick Reference Emergency Plan – Transportation/Bus Driver
for a Student with Diabetes
Hypoglycemia
(Low Blood Sugar) Bus # ______

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: Clinic ________________Cell: ______
Trained Diabetes personnel:_________________________________________________________
Is student self care? ______ Yes ______ No

Never send/leave a student with suspected low blood sugar anywhere alone

Causes of Hypoglycemia
• Too much insulin
• Missed food
• Delayed food
• Too much or too intense exercise
• Unscheduled exercise

Onset
• Sudden

Symptoms
Mild
• Hunger
• Shakiness
• Weakness
• Paleness
• Anxiety
• Dizziness

Moderate
• Headache
• Behavior change
• Poor coordination
• Able to swallow
• Other: _________

Severe
• Loss of consciousness
• Seizure
• Other: _________

Actions Needed
WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA

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

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
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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: Clinic ____________ Cell: ____________

Trained Diabetes Personnel: __________________________

Is student self care? __________ Yes ________ No

Causes of Hyperglycemia
• Too much food
• Too little insulin
• Decreased activity
• Illness/Infection
• Stress

Onset
• Over time-several hours or days

Symptoms

Mild
• Thirst
• Frequent Urination
• Fatigue/sleepiness
• Increased hunger
• Blurred vision
• Stomach pains
• Flushing of skin
• Lack of concentration
• Other: ____________
circle student’s usual symptoms

Moderate
• Mild symptoms plus:
• Dry mouth
• Nausea
• Stomach cramps
• Vomiting
• Sweet, fruity breath
• Other: ____________
circle student’s usual symptoms

Severe
• Mild and Moderate symptoms plus:
• Labored breathing
• Very weak
• Confused
• Unconscious

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

Mild/Moderate
• On long trips, provide frequent bathroom breaks
• Encourage student to drink water or sugar-free drinks
• If student is self care, allow student to check blood sugar and administer insulin if necessary, according to plan of care

This information is confidential and can only be shared on a “need to know” basis

August 2005