

DIABETES EMERGENCY CARE PLAN

CALL SCHOOL NURSE OR SCHOOL OFFICE IF SYMPTOMS APPEAR
Never leave or send student with suspected low blood sugar alone!

Student Name: _____ DOB: _____

Parent/Guardian: _____ Phones H: _____ W: _____ C: _____

Physician: _____ Phone: _____ Allergies: _____

Preferred Hospital: _____ Current Medication: _____

SYMPTOMS AND TREATMENT OF LOW BLOOD SUGAR

MILD

Hunger
Shakiness
Weakness
Paleness
Anxiety
Inability to concentrate
Personality change
Other: _____

Circle student's usual symptoms

MODERATE

Headache
Behavior change
Poor coordination
Confusion
Blurry vision
Weakness
Slurred speech
Other: _____

Circle student's usual symptoms

SEVERE

Loss of consciousness
Seizure



MILD

Treats self,
or
2-3 glucose tablets
or
4-8 oz. juice
or
4-8 oz. regular soda
or
Glucose gel product
or
3-8 Lifesavers
✓ Wait ten to fifteen minutes,
✓ Repeat food if symptoms
persist or blood sugar less than
_____.

✓ Follow with a snack of
carbohydrate and protein, e.g.
crackers and cheese.
✓ Communicate with parents if in
IHP.

MODERATE

Someone assists

Insist on child drinking quick
sugar source per MILD guidelines

✓ Wait ten to fifteen minutes,
✓ Repeat food if symptoms
persist or blood sugar less than
_____.

✓ Follow with a snack of
carbohydrate and protein, e.g.
crackers and cheese.
✓ Communicate with parents if in
IHP.

SEVERE

Don't attempt to give
anything by mouth

Call 911

Position on side, if possible

Contact parents

Administer glucagon
if it is in the student's IHP

The following staff members are trained to deal with an emergency and initiate the appropriate procedures:

1: _____ 2: _____ 3: _____

School Nurse's signature

Date

Parent/Guardian signature

Date

Primary Health Care Provider signature

Date

Family and Emergency Contacts

Name	Relationship	Phone (include area code)	Work/Cell/Pager
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other medical conditions:
