



SIGNATURE PREPARATORY

DIABETIC EMERGENCY CARE PLAN FOR THE BUS DRIVER

CAMPUS: _____ SCHOOL YEAR: 20____/20____

STUDENT NAME: _____ CARRIES SUPPLIES: ___ YES ___ NO

(SUPPLIES SHOULD INCLUDE: GLUCOMETER, FAST ACTING SUGAR OR GLUCOSE TABLETS)

BUS # _____ ROUTE # _____ GRADE: _____ TEACHER: _____

PARENT/GUARDIAN NAME: _____

PHONE #: _____ CELL #: _____

PRESENTING PROBLEM INFORMATION:

LOW BLOOD SUGAR (DIABETES)

Student may be hungry, sweating, have a headache, appear fussy or cranky.

EMERGENCY PLAN:

1. **STOP** the bus.
2. Check their blood sugar with glucometer if available. If no glucometer not available, treat with sugar anyway.
3. Look in backpack for a source of sugar.
4. If awake, give juice, regular soda (not diet), 4 glucose tablets (provided by parent), or another source of sugar right away.
5. Wait 15 min then recheck blood sugar, if still low, give another source of sugar. Call parent and school to notify of situation.
6. Call 911 if student does not respond or is having a seizure.
7. Report incident to school and parent.