File: JHCF-R

Quick Reference Emergency Plan for a Student with Diabetes Hyperglycemia (High Blood Sugar)

Photo

Student's Name							
Grade/Teacher Emergency Contact	Information:		Date of Plan				
Mother/Guardian Father/Guardian							
Home phone	Work phone	Cell	Home phone	Work p	ohone	Cell	
School Nurse/Trained Diabetes Personnel Contact Number(s)							
• Too mu • Too litt • Decrea	Onset • Over time—several hours or days						
Symptoms							
Symptoms							
Mild Thirst Frequent urin Fatigue/sleepi Increased hun Blurred vision Weight loss Stomach pain Flushing of sk Lack of conce Sweet, fruity Other: Circle student's u	s s cinest in the state of the	• Dry mo • Nausea • Stomac • Vomitii • Other:_	mptoms plus: outh h cramps		symptomsLaboredVery weConfuseUnconso	l breathing eak ed	s.
	Allow free use Encourage stu Contact the so urine or admir Management I If student is no parents/guardicannot be reactions.	e of the bath dent to drin hool nurse hister insuli Plan. auseous, vo an or	nk water or sug or trained dial n, per student' omiting, or leth	gar-free obetes per s Diabet	sonnel to cles Medical call the	:	