Hyperglycemia Emergency Care Plan (For High Blood Glucose)

Student's Name: _____

Grade/Teacher: _____

Date of Plan: _____

Emergency contact information

Parent 1/Guardian: _____

Email Address: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

Parent 2/Guardian: _____

Email Address: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

Health Care Provider: _____

Phone Number: _____

School Nurse: _____

Contact Number(s): _____

Trained Diabetes Personnel: _____

Contact Number(s): _____

Causes of Hyperglycemia	Onset of Hyperglycemia
• Too little insulin or other blood glucose-lowering medications • Insulin pump or infusion set malfunction • Food intake that has not been covered adequately by insulin • Decreased physical activity • Illness • Infection • Injury • Severe physical or emotional stress	• Over several hours or days

NDEP National Diabetes Education Program
A program of the National Institutes of Health and the Centers for Disease Control and Prevention

Hyperglycemia Symptoms	**Hyperglycemia Emergency Symptoms** Diabetic ketoacidosis (DKA), which is associated with hyperglycemia, ketosis, and dehydration
Circle student's usual signs and symptoms.	
• Increased thirst and/or dry mouth • Frequent or increased urination • Change in appetite and nausea • Blurry vision • Fatigue • Other: _____	• Dry mouth, extreme thirst, and dehydration • Nausea and vomiting • Severe abdominal pain • Fruity breath • Heavy breathing or shortness of breath • Chest pain • Increasing sleepiness or lethargy • Depressed level of consciousness

Actions for Treating Hyperglycemia	
Notify school nurse or trained diabetes personnel as soon as you observe symptoms.	
Treatment for Hyperglycemia	**Treatment for Hyperglycemia Emergency**
☐ Check the blood glucose level. ☐ Check urine or blood for ketones if blood glucose levels are greater than _____ mg/dL. ☐ Calculate the Insulin Correction Dose needed as specified in the DMMP. ☐ Administer supplemental insulin dose: _____. (If student uses a pump, see instructions below.) ☐ Give extra water or non-sugar-containing drinks (not fruit juices): _____ ounces per hour. ☐ Allow free and unrestricted access to the restroom. ☐ Recheck blood glucose every 2 hours to determine if decreasing to target range of _____ mg/dL. ☐ Restrict participation in physical activity if blood glucose is greater than _____ mg/dL and if ketones are moderate to large. ☐ Notify parents/guardians if blood glucose is greater than _____ mg/dL or if ketones are present. **For Students Using an Insulin Pump** • If student uses a pump, check to see if the pump is connected properly and functioning by giving a correction bolus through the pump and checking the blood glucose 1 hour later. • If moderate or large ketones are present, treat ketones with a subcutaneous injection of insulin, then change pump site or initiate pump back-up plan. • For infusion site failure: insert new infusion set and/or replace reservoir or pod, or give insulin by syringe or pen. • For suspected pump failure: suspend or remove pump and give insulin by syringe or pen.	☐ Call parents/guardians, student's health care provider, and 911 (Emergency Medical Services) right away. ☐ Stay with student until Emergency Medical Services arrive.