

Date Plan Was Developed:

Call School Nurse

DIABETES**Emergency Care Plan****Do not send student with suspected low blood sugar anywhere alone!!!!!!**

Student Name: _____ DOB: _____ Grade: _____ Student Picture _____

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Home Phone: _____ Work Phone: _____

Physician: _____ Phone: _____

Preferred Hospital: _____

Current Medication: _____

Allergies: _____

SYMPTOMS and SIGNS of LOW BLOOD SUGAR

MILD		MODERATE	SEVERE
Unable to concentrate	Personality change:	Behavior change:	Loss of consciousness
Hunger	Drowsy	Poor coordination	Seizures
Shakiness	Pale	Blurry vision	Stops breathing
Weakness	Irritable	Weakness	
Sweaty	Anxious	Headache	
Dizziness		Confusion	

IF YOU SEE THIS	DO THIS	TIME Initial
MILD TO MODERATE	If student is unable to go to office, have snacks and meds brought to room. Give juice, then a snack (e.g., peanut butter, cracker, cheese) (Snack located: _____) Adult stays with student, watches closely - especially if student becomes irritable and uncooperative.	
CANNOT DRINK OR SWALLOW	Call 911; Call Parent. Pull lower lip down and squeeze glucose gel between the lower lip and the gum. If student is lying down, turn on side to prevent choking. (Glucose gel located _____)	
SEVERE	Call 911 Adult trained in CPR/Rescue Breathing stays with student until 911 arrives.	
SEIZURE	Clear area to prevent injury, place soft material under head. Do not hold student down. Do not put anything in mouth.	
BREATHING STOPS	Begin CPR/Rescue Breathing	
Note time of arrival and departure of ambulance; complete this form, initial, and send a copy of form with the ambulance.		

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

1. _____ 2. _____ 3. _____

Registered Nurse's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____ Health Care Provider's Signature (not required) _____ Date _____