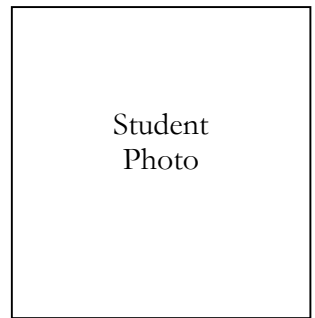


EMERGENCY CARE PLAN OF HYPERGLYCEMIA

Student: _____	Grade: _____	School: _____	DOB: _____
Parent/Guardian Name _____	Phone #: _____	<input type="checkbox"/> Check if cell	
Parent/Guardian Name _____	Phone #: _____	<input type="checkbox"/> Check if cell	
Emergency Contact if Parent/Guardian cannot be reached: _____			
Relationship: _____	Phone: _____	<input type="checkbox"/> Check if cell	
Parent /Guardian Signature: _____			Date: _____
This plan will be reviewed with appropriate school staff on a need to know basis to maintain student safety			

SYMPTOMS OF A HYPERGLYCEMIC EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Extreme thirst, frequent urination, increased hunger, fatigue
- Lack of concentration, sweet fruity breath, blurred vision
- Dry mouth, nausea, stomach pain, vomiting



SEVERE SYMPTOMS INCLUDE:

- **Labored breathing, very weak, confusion, unconsciousness**

STAFF MEMBERS INSTRUCTED:

- Classroom Teacher(s) Special Area Teacher(s) Administration Support Staff Transportation

TREATMENT:

- Stop any activity immediately.
- Accompany the student to the Health Office. Notify school nurse immediately.

CHECK BLOOD GLUCOSE LEVEL:

If blood glucose \geq _____ mg/dl	Unresponsive
<input type="checkbox"/> Send student to school nurse with escort <input type="checkbox"/> Encourage student to drink water or sugar free drink. <input type="checkbox"/> Check urine for ketones <input type="checkbox"/> Restrict participation in physical activity if ketones are moderate to large, or blood ketones are >0.6 mg/dl.	<input type="checkbox"/> Recover position to maintain safety. <input type="checkbox"/> Notify Parent/Guardian <input type="checkbox"/> Call 911 or EMS per school policy <input type="checkbox"/> Stay with student until help arrives.

Healthcare Provider: _____	Phone: _____
Written by: _____	Date: _____

Copy provided to Parent

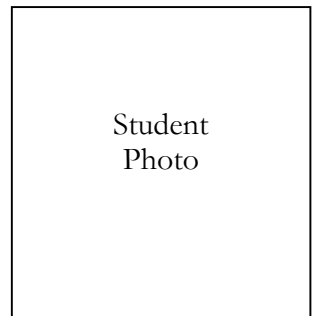
Copy sent to Healthcare Provider

EMERGENCY CARE PLAN OF HYPOGLYCEMIA

Student: _____	Grade: _____	School: _____	DOB: _____
Parent/Guardian Name _____	Phone #: _____	<input type="checkbox"/> Check if cell	
Parent/Guardian Name _____	Phone #: _____	<input type="checkbox"/> Check if cell	
Emergency Contact if Parent/Guardian cannot be reached: _____			
Relationship: _____	Phone: _____	<input type="checkbox"/> Check if cell	
Parent /Guardian Signature: _____			Date: _____
This plan will be reviewed with appropriate school staff on a need to know basis to maintain student safety			

SYMPTOMS OF A HYPOGLYCEMIC EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Shaking, fast heartbeat, sweating, anxiety, irritability, dizzy
- Complaints of hunger, impaired vision, weakness or fatigue
- **Onset may be sudden and symptoms may progress rapidly**



SEVERE SYMPTOMS INCLUDE:

- Inability to swallow, seizure activity, loss of consciousness

STAFF MEMBERS INSTRUCTED:

- Classroom Teacher(s) Special Area Teacher(s) Administration Support Staff Transportation

TREATMENT:

- Stop any activity immediately.
- Accompany the student to the Health Office. Notify school nurse immediately.
- If off school grounds, provide a source of glucose: ½-3/4 cup juice, glucose tabs, hard candy, regular soda (not diet), or glucose gel.

PROCEDURE FOR EMERGENCY TRANSPORT (IF NEEDED):

Glucagon ordered: **No** - Activate EMS per District Policy **Yes**- Follow Steps Below

- Position student on side if possible. If student is unconscious, unresponsive or having a seizure glucagon should be given by a willing trained school staff member.
- After glucagon is given call 911. Notify parents.
- Students receiving glucagon without their parent or guardian present should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

Healthcare Provider: _____	Phone: _____
Written by: _____	Date: _____

Copy provided to Parent

Copy sent to Healthcare Provider