

OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN
Part A of Diabetes Medical Management Plan
HYPOGLYCEMIA
(Low Blood Sugar)

See reverse for
Part B and
signatures

Student Name _____

School _____

Teacher/grade _____

Mother/Guardian _____

Father/Guardian _____

Home phone _____

Work phone _____

Cell _____

Home phone _____

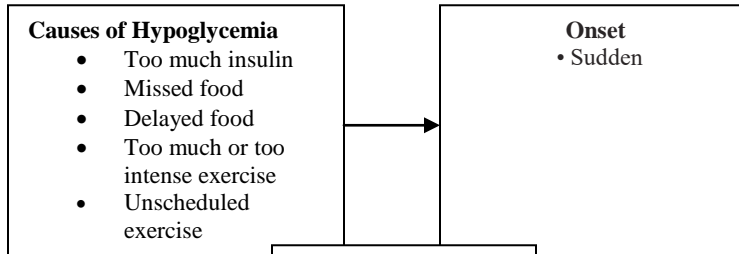
Work phone _____

Cell _____

Trained Diabetes Personnel _____

Contact Number(s) _____

NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE.



Symptoms

Mild

- Hunger
- Shakiness
- Weakness
- Paleness
- Anxiety
- Irritability
- Dizziness

- Sweating
- Drowsiness
- Personality change
- Inability to concentrate
- Other: _____

Circle student's usual symptoms.

Moderate

- Headache
- Behavior change
- Poor coordination
- Blurry vision
- Weakness
- Slurred Speech
- Confusion
- Other _____

Circle student's usual symptoms.

Severe

- Loss of consciousness
- Seizure
- Inability to swallow

Circle student's usual symptoms.

Actions needed
Notify School Nurse or Trained Diabetes Personnel. If possible check blood sugar, per Diabetes Medical Management Plan. When in doubt, always TREAT FOR HYPOGLYCEMIA

Mild

- Student may/may not treat self.
- Provide quick-sugar source.
3-4 glucose tablets
or
4 oz. juice
or
6 oz. regular soda
or
3 teaspoons of glucose gel
- Wait 10 to 15 minutes.
- Recheck blood glucose.
- Repeat food if symptoms persist or blood glucose is less than _____.
- Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).

Moderate

- Someone assists.
- Give student quick-sugar source per MILD guidelines.
- Wait 10 to 15 minutes.
- Recheck blood glucose.
- Repeat food if symptoms persist or blood glucose is less than _____.
- Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).

Severe

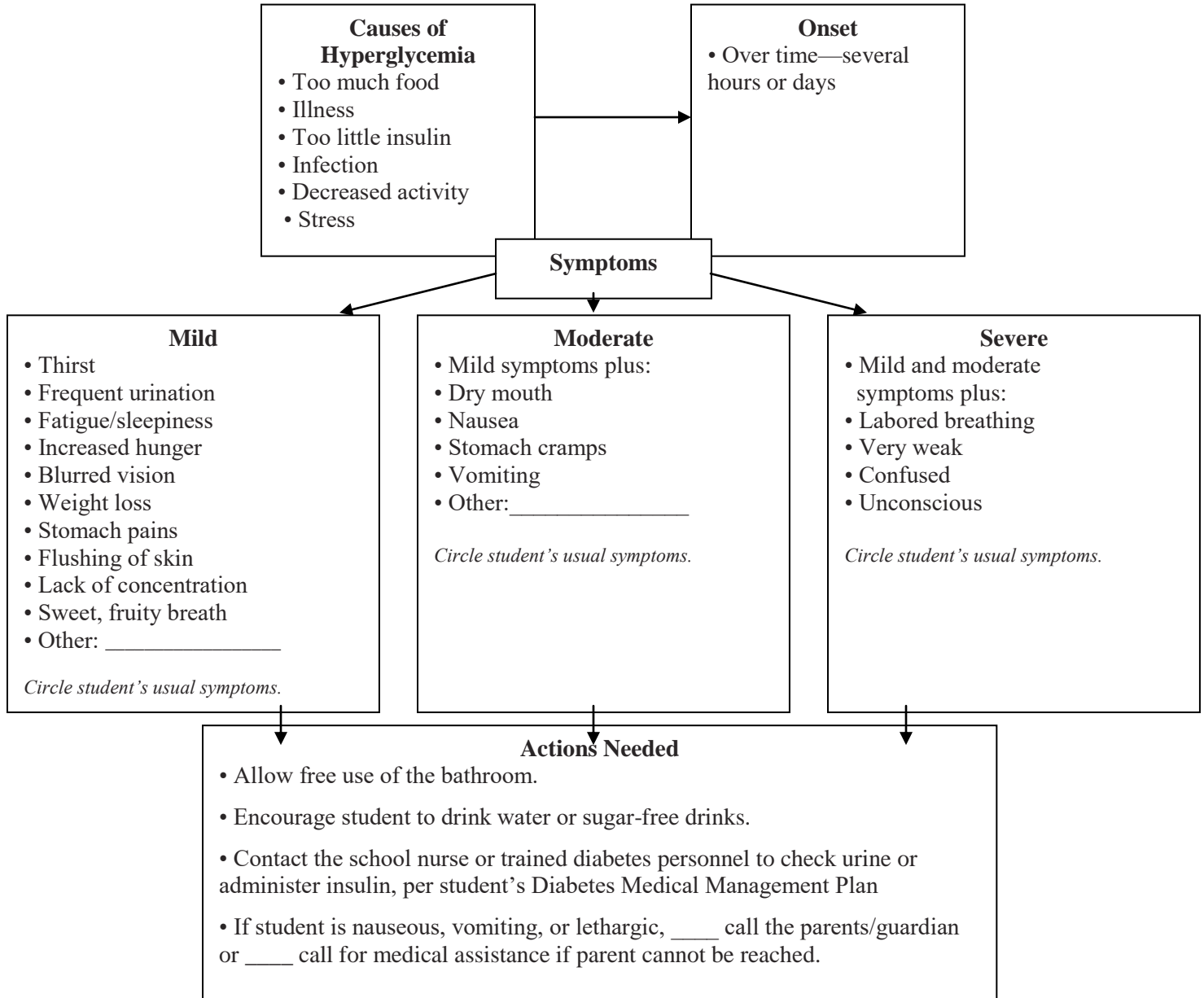
- Don't attempt to give anything by mouth.
- Position on side, if possible.
- Contact school nurse or trained diabetes personnel.
- Administer glucagon, as prescribed.
- **Call 911.**
- Contact parents/guardian.
- Stay with student.

OFFICE OF CATHOLIC SCHOOLS DOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN
Part B of Diabetes Medical Management Plan
HYPERGLYCEMIA
(High Blood Sugar)

 Student Name

 School

 Teacher/grade



This quick reference emergency plan reflects orders stated in the Diabetes Medical Management plan and is authorized by;

 Parent Signature

 Telephone

 Date

 School Nurse/Principal/School Health Aide Signature