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

Student Name ___________________  School ___________________
Teacher/grade ____________________

Mother/Guardian ___________________  Father/Guardian ________________

Home phone ___________________  Work phone ___________________  Cell ________________

Trained Diabetes Personnel ________________  Contact Number(s) ________________

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

Causes of Hypoglycemia
- Too much insulin
- Missed food
- Delayed food
- Too much or too intense exercise
- Unscheduled exercise

Onset
- Sudden

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

- Moderate
  - Headache
  - Behavior change
  - Poor coordination

- 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
  - 4 oz. juice
  - 6 oz. regular soda
  - 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.
- Call 911.
- Contact parents/guardian.
- Stay with student.

Circle student’s usual symptoms.
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

Causes of Hyperglycemia
• Too much food
• Illness
• Too little insulin
• Infection
• Decreased activity
• Stress

Onset
• Over time—several hours or days

Symptoms

Mild
• Thirst
• Frequent urination
• Fatigue/sleepiness
• Increased hunger
• Blurred vision
• Weight loss
• Stomach pains
• Flushing of skin
• Lack of concentration
• Sweet, fruity breath
• Other: ________________

Moderate
• Mild symptoms plus:
• Dry mouth
• Nausea
• Stomach cramps
• Vomiting
• Other: ________________

Severe
• Mild and moderate symptoms plus:
• Labored breathing
• Very weak
• Confused
• Unconscious

Actions Needed
• Allow free use of the bathroom.
• Encourage student to drink water or sugar-free drinks.
• Contact the school nurse or trained diabetes personnel to check urine or administer insulin, per student’s Diabetes Medical Management Plan
• If student is nauseous, vomiting, or lethargic, ____ call the parents/guardian or ____ call for medical assistance if parent cannot be reached.

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

Licensed Health Care Provider

Telephone

Date

Parent

Telephone

Date

Helping the Student with Diabetes Succeed: A Guide for School Personnel