

**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 \_\_\_\_\_

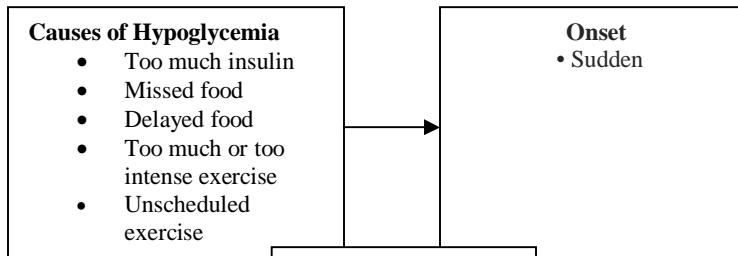
Work phone \_\_\_\_\_

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**

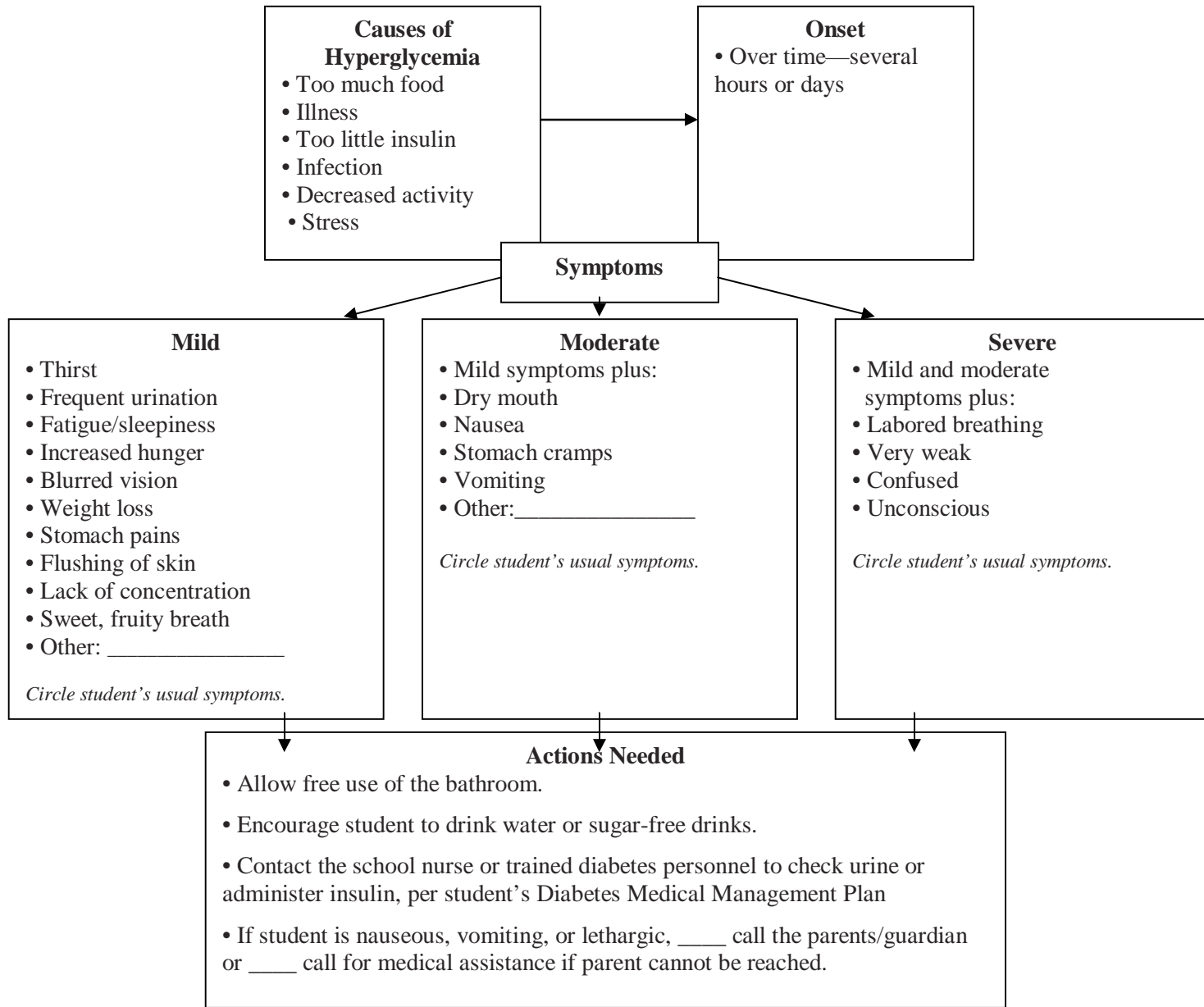
- Don't attempt to give anything by mouth.
- Position on side, if possible.
- Contact school nurse or trained diabetes personnel.
- Administer glucagon, as prescribed.
- **Call 911.**
- Contact parents/guardian.
- Stay with student.

**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;*

\_\_\_\_\_  
 Licensed Health Care Provider

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Date