

EMERGENCY CARE PLAN (DIABETIC)

Student Name: _____ D.O.B: _____ Grade: _____ Room: _____

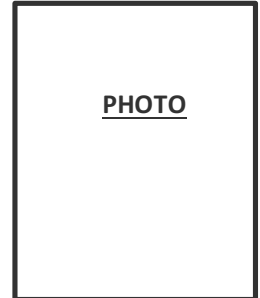
Address: _____ Home Phone #: _____

Mother's Name: _____ Work Phone #: _____

Father's Name: _____ Mobile #: _____

Doctor's Name: _____ Work Phone #: _____

Hospital: _____ Insurance: _____ Policy #: _____



Medical Condition: Diabetes

Signs of Emergency: Low Blood Sugar

- | | |
|--|---|
| * Hungry | * Inattention, drowsy, sleepiness at unusual time |
| * Pale, Perspiring, shaking | * Weak, irritable, confused |
| * Pale or flushed face | * Speech and coordination changes |
| * Personality changes such as crying or stubbornness | * Headaches |

IF NOT TREATED, LOSS OF CONSCIOUSNESS AND/OR SEIZURE CAN OCCUR

If student is able, have him check his blood sugar level, if below 80 give sugar:

Actions to Take: (If in doubt do not hesitate to give something sweet to eat.

You will not harm him by giving him sugar).

- *GIVE SUGAR – examples:
- Fruit juice (1/2 cup)
 - Glucose Tablets (3 tablets)
 - Soft drink that contains sugar, not diet soda (1/2 can)
 - LifeSavers® (5 or 6)

- Monitor him closely. Recheck Blood sugar level after 10 min. He should improve within 10 min. at which time he may need to eat additional food (such as cheese or crackers), and then return to regular school activities. If still below 80, give more sugar and continue to monitor closely.
- **If he refuses to eat or has difficulty eating**, give INSTANT GLUCOSE or other instant acting sugar (honey, syrup, sugar in water, etc.). Place the instant Glucose between lips and gums or cheek and gums and tell him to swallow. Trained staff to give Glucagon if prescribed.
 - CALL THE OFFICE IMMEDIATELY. If outside, have someone run to the closest room and call the office.
 - If for some reason the office does not answer, CALL 911 from your room dial (8-911) and send a student to the office.
 - OFFICE to call 911 and send support/help to the classroom.
 - Send class outside of room or to buddy room.

I GIVE MY CONSENT FOR THIS INFORMATION TO BE SHARED WITH SCHOOL STAFF.

Parent's Signature: _____ Date: _____

School Nurse's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Teacher's Signature: _____ Date: _____