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Diabetic Low Blood Sugar Emergency Care Plan

School Year _____

Student legal last name _____ First name _____ MI _____

Birth date _____ School _____ Grade _____ Other ID# _____

Transportation: Walker Self Transported Bus Rider Bus/Route Number _____

Parent/Guardian Information

Parent/Guardian _____ Primary phone _____

Work phone _____ Cell phone _____

Parent/Guardian _____ Primary phone _____

Work phone _____ Cell phone _____

Physician and Hospital Information

Physician Name _____ Phone _____

Hospital Name _____ Phone _____

Medication Information

Current Insulin-Medication Regime: (See Physician order) Insulin Pen Yes No Insulin Pump Yes No

The following staff members are trained to deal with an emergency and initiate the appropriate procedures:

1. _____ 2. _____ 3. _____

Diabetes History _____

Low Symptoms _____

Special Precautions _____

Supplies/Equipment
(See IHP for school management information and schedule.) _____

Emergency Intervention

Students know wthey their blood sugar is low and will ask to come to the health room. ALWAYS SEND THEM WITH AN ESCORT.

Mild Symptoms

Check student's usual symptoms

- Hungry
- Shakiness
- Weakness
- Paleness
- Other _____
- Inability to concentrate
- Personality change
- Anxiety

Mild Treatments

- Treats self or Staff treats with one of the following:
 - 2-3 Glucose Tablets *Wait fifteen (15) minutes*
 - 4-8 oz. juice *Repeat food if symptoms persist or blood sugar less than _____*
 - 4-8 oz. regular soda *Follow with a snack of carbohydrate and protein, e.g. crackers and cheese.*
 - Glucose gel product *Communicate with parents if in IHP*
 - 3-8 Lifesavers

Additional student information _____

Emergency Intervention

Students know when their blood sugar is low and will ask to come to the health room. ALWAYS SEND THEM WITH AN ESCORT.

<p style="text-align: center;">Moderate Symptoms</p> <p><i>Check student's usual symptoms</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Headache</td> <td><input type="checkbox"/> Weakness</td> </tr> <tr> <td><input type="checkbox"/> Behavior change</td> <td><input type="checkbox"/> Slurred speech</td> </tr> <tr> <td><input type="checkbox"/> Poor coordination</td> <td><input type="checkbox"/> Blurry vision</td> </tr> <tr> <td><input type="checkbox"/> Confusion</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>_____</p>	<input type="checkbox"/> Headache	<input type="checkbox"/> Weakness	<input type="checkbox"/> Behavior change	<input type="checkbox"/> Slurred speech	<input type="checkbox"/> Poor coordination	<input type="checkbox"/> Blurry vision	<input type="checkbox"/> Confusion	<input type="checkbox"/> Other	<p style="text-align: center;">Moderate Treatments</p> <p><i>Someone Assists</i></p> <p>Insist child drinking a quick sugar source per Mild guidelines Wait fifteen (15) minutes Repeat food if symptoms persist or blood sugar less than _____ Follow with a snack of carbohydrate and protein (e.g. crackers and cheese). Communicate with parents in in IHP.</p>
<input type="checkbox"/> Headache	<input type="checkbox"/> Weakness								
<input type="checkbox"/> Behavior change	<input type="checkbox"/> Slurred speech								
<input type="checkbox"/> Poor coordination	<input type="checkbox"/> Blurry vision								
<input type="checkbox"/> Confusion	<input type="checkbox"/> Other								

Additional student information _____

<p style="text-align: center;">Severe Symptoms</p> <p>Loss of consciousness Seizure</p>	<p style="text-align: center;">Severe Treatments</p> <p>Don't attempt to give anything by mouth Call 911 Position on side Contact Parents Follow student's IHP Licensed Nurse, Parent/Family or Parent Designated Adult can administer glucagon per physician order.</p>
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Emergency Contacts

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

Parent/Guardian Signature _____	Date _____
School Nurse Signature _____	Date _____
Physician Signature _____	Date _____

Other _____

A copy of this plan will be kept in the school office and copies will be given to:

- Para educator
 Transportation
 Teacher
 PE Teacher
 Student Services
 Health Room
 Secretary-Principal

CONFIDENTIAL INFORMATION/SHRED PRIOR TO DISCARDING