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				
Student Name Mother/Guardian				Part B and signatures			Teacher/grade	
				Father/Guardian				
Home phone	Work pl	none	Cell		Home pl	hone	Work phone	Cell
Trained Diabete		CHILD W	TTH SUSP	ECTED LOW		Number(s) SUGAR AN	YWHERE ALONE.	
		 To Mi De To int Un 	ypoglycemia to much insuling issed food elayed food to much or too ense exercise ascheduled ercise		_	inset udden		
		CA		Symptoms				
		entrate Nurse or Train			ss Speech on	Severe • Loss of consciousness • Seizure • Inability to swallow Circle student's usual symptoms. check blood sugar, per Diabetes Medical T FOR HYPOGLYCEMIA		
4 oz. ju 6 oz. re	sugar source. scose tablets or nice or egular soda or oons of glucose gel ninutes. glucose. symptoms persist is less than nack of I protein (e.g.,		Per MIL Wait 10 Recheck Repeat f or blood Follow w	Moderate e assists. dent quick-sugar D guidelines. to 15 minutes. blood glucose. cood if symptoms I glucose is less th with a snack of drate and protein and crackers).	persist an	• Po • Co • Co • Co	Severe on't attempt to give anythin y mouth. osition on side, if possible. ontact school nurse or traine iabetes personnel. dminister glucagon, as rescribed. all 911. ontact parents/guardian. cay 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	
		d activity	• Over hours of	Onset time—several or days	
Mild Thirst Frequent urination Fatigue/sleepiness Increased hunger Blurred vision Weight loss Stomach pains Flushing of skin Lack of concentration Sweet, fruity breath Other: Circle student's usual symptoms.		• Mild sympton • Dry mouth • Nausea • Stomach cram • Vomiting • Other: Circle student's us	nps	Severe • Mild and moderate symptoms plus: • Labored breathing • Very weak • Confused • Unconscious Circle student's usual symptoms.	
	• Allow free use	Action of the bathroom.	+		
	Contact the sch administer insuliIf student is na	lent to drink water or tool nurse or trained d n, per student's Diabe useous, vomiting, or l medical assistance if p			
This quick reference	emergency plan re	flects orders stated in	ı the Diabetes Medio	cal Management plan and	d is authorized by;
Licensed Health Care Provider			Telephone	Date	
Parent			Telephone	 Date	