

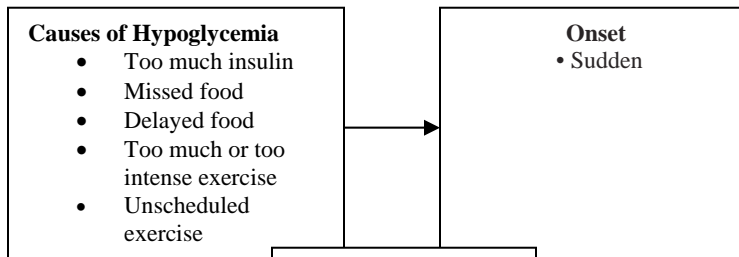
OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN
Part A of Diabetes Medical Management Plan
HYPOGLYCEMIA
(Low Blood Sugar)

Student Name	School	Teacher/grade
Mother/Guardian	Father/Guardian	
Home phone	Work phone	Cell

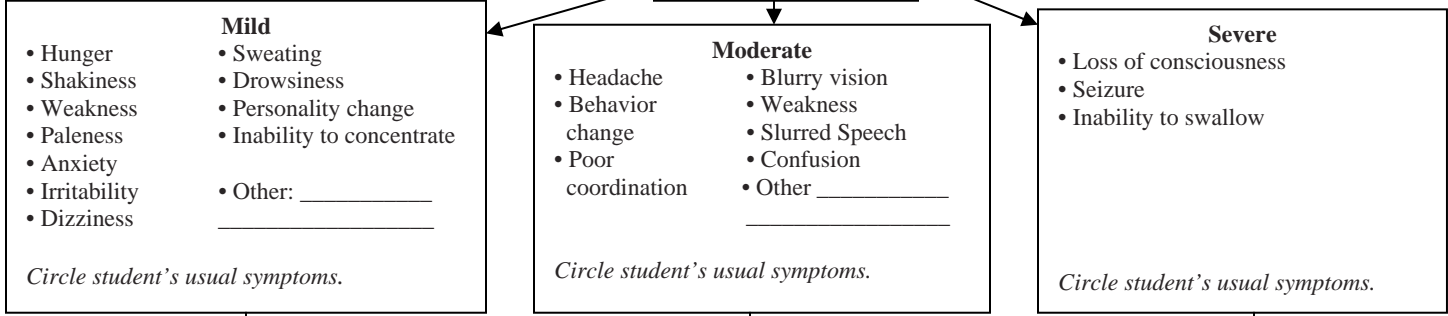
Trained Diabetes Personnel

Contact Number(s)

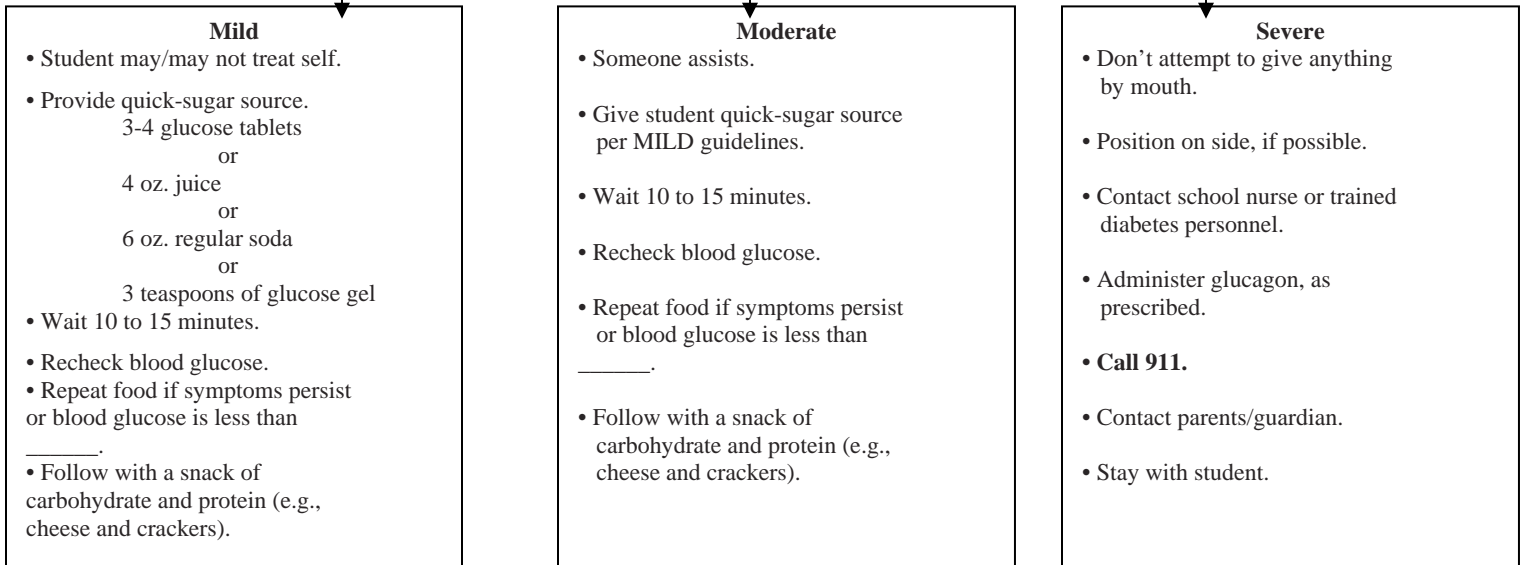
NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE.



Symptoms

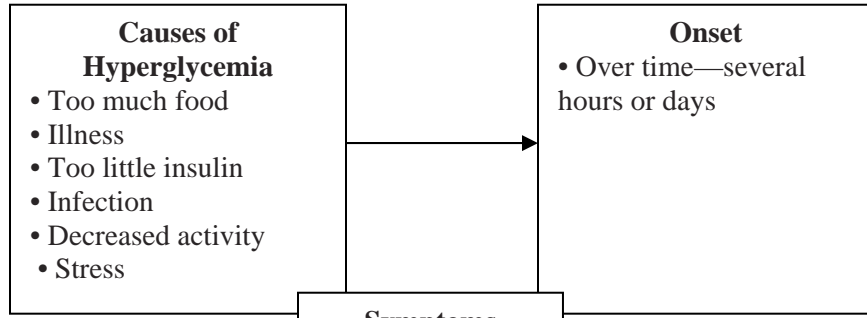


Actions needed
Notify School Nurse or Trained Diabetes Personnel. If possible check blood sugar, per Diabetes Medical Management Plan. When in doubt, always TREAT FOR HYPOGLYCEMIA



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
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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: _____

Circle student's usual symptoms.

Moderate

- Mild symptoms plus:
- Dry mouth
- Nausea
- Stomach cramps
- Vomiting
- Other: _____

Circle student's usual symptoms.

Severe

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

Circle student's usual symptoms.

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