

DIABETES EMERGENCY ACTION PLAN for HYPERGLYCEMIA (High Blood Sugar)

More than _____ mg/dl

SCHOOL: _____ SY: _____ - _____ Grade/Rm: _____ Date: _____

Student's Name: _____ DOB: _____

EMERGENCY CONTACTS: Allergies: _____

Mother/Legal Guardian Emergency Contact Phone #

Father/Legal Guardian Emergency Contact Phone #

Alternate Emergency Contact Phone #

Physician/Health Care Provider Treating Diabetes Phone Fax

Warning Signs and Symptoms: Circle ANY of the following signs the student is showing:

Behavioral Symptoms:

Physical Symptoms:

(MILD)

-Lack of Concentration

-Thirst/Dry Mouth

-Blurred Vision -Sweet/

-Fatigue/Sleepiness

-Flushing of Skin

-Hunger Fruity Breath

-Frequent Urination

-Stomachache

(MODERATE)

-Nausea

-Vomiting

-Stomach Cramps

(SEVERE)

-Confused

-Rapid/Labored Breathing

-Unconscious/Comatose

-Very Weak

****If student is sick, has abdominal pain or vomiting- check ketones and call parent/guardian****

Hyperglycemia usually develops slowly

Student may return to class if they have no warning signs or symptoms

Check if student has insulin pump (If so, call parent immediately)

Intervention at mild-moderate level with prevent progression to more severe symptoms

Call 911 if vomiting with confusion, labored breathing, lethargic and/or comatose

1. Timing is important- eat on time, take insulin on time and check BS on time.
2. Ensure insulin dosing is accurate, right dose and right time.
3. Supervise and guide student about food choices, including monitor what is eaten.
4. Consult with parent when there will be changes to meals or PE activities

TREATMENT OF HYPERGLYCEMIA:

1. Keep student calm, have student sit down
2. Check blood glucose. Meter and test strips are located _____.
-start written record with time, signs & symptoms and results.
-Notify parent/guardian if BS is over _____ mg/dl.
3. Allow free use of the bathroom.
4. Encourage drinking water (or SUGAR-FREE drinks).
5. **For students on insulin pump- check tubing for kinks, wetness and infusion set for dislodgement.**
-Call parent/legal guardian
6. Check ketones.

Employee Signature

Date