## OFFICE OF CATHOLIC SCHOOLS DIOCESE OF CHARLESTON 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 School			Teacher/grade	
			Father/Guardian				
Home phone	Work phone	Cell		Home phone		Work phone	Cell
Trained Diabetes Person		WITH SUSP	ECTED LOW	Contact Nun		WHERE ALONE.	
	Causes	of Hypoglycemia Too much insulin Missed food Delayed food Too much or too intense exercise Unscheduled exercise	<b>——</b>	Onset • Sudder	n		
		e.i.e.re.ise	Symptoms				
Weakness     Personality change     Paleness     Inability to concentrate     Anxiety     Irritability     Dizziness      Circle student's usual symptoms.  Personality change     Personality change     Poor change     Poor coord  Circle  Notify School Nurse, Trained Diabetes Personality change     Poor change     Circle		Circle stude	Seizure     Weakness     Slurred Speech     Confusion     Other		student's usual symptoms.		
P	- Diasetes Medicar I		- Truck in adult,	uruys IRE/II			
Mild  • Student may/may not tre  • Provide quick-sugar sour 3-4 glucose table or 4 oz. juice or 6 oz. regular soc or 3 teaspoons of g  • Wait 10 to 15 minutes.  • Recheck blood glucose. • Repeat food if symptoms or blood glucose is less the Follow with a snack of carbohydrate and protein (cheese and crackers).	da lucose gel	Per MII  Wait 10  Recheck Repeat to or blood Follow carbohy	Moderate assists.  Ident quick-sugar so LD guidelines.  Ito 15 minutes.  Ito blood glucose.  Ito difference is less that with a snack of ordrate and protein (earned crackers).	ersist n	Pos Condia Adapre Cal	Severe n't attempt to give anything mouth.  ition on side, if possible. ntact school nurse or trained betes personnel. minister glucagon, as escribed.  Il 911. ntact parents/guardian. y with student.	

## OFFICE OF CATHOLIC SCHOOLS DOCESE OF CHARLESTON QUICK REFERENCE EMERGENCY PLAN

## Part B of Diabetes Medical Management Plan HYPERGLYCEMIA

(High Blood Sugar)

Student Name			School	Teacher/grade	
		insulin 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.		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.	
	• Allow free use		ns Needed	+	
	<ul><li>Encourage stud</li><li>Contact the sch administer insuli</li><li>If student is nat</li></ul>	adent to drink water or sugar-free drinks.  chool nurse or trained diabetes personnel to check urine or alin, per student's Diabetes Medical Management Plan  auseous, vomiting, or lethargic, call the parents/guardian remedical assistance if parent cannot be reached.			
[ This quick reference e	mergency plan re	flects orders stated in	n the Diabetes Medio	cal Management plan and	d is authorized by;
Licensed Health Care Provider			Telephone	Date	
Parent			Telephone	 Date	

Source: Helping the Student with Diabetes Succeed: A Guide for School Personnel