



Emergency Care Plan

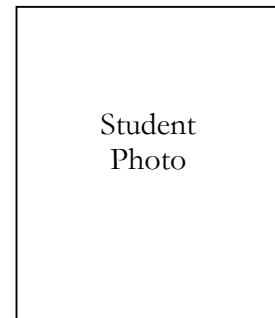


DIABETES - HYPERGLYCEMIA

Student: _____ Grade: _____ School Contact: _____ DOB: _____
 Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____
 Father: _____ FHome #: _____ FWork #: _____ FCell #: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF A HYPERGLYCEMIC EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Gradual Onset
- Extreme thirst, very frequent urination, drowsiness
- Flushed skin, heavy breathing, blurred vision
- Vomiting, fruity or wine-like odor to breath



SEVERE SYMPTOMS INCLUDE:

- Stupor
- Unconsciousness

STAFF MEMBERS INSTRUCTED:

- Administration Classroom Teacher(s) Special Area Teacher(s)
 Support Staff Transportation Staff

TREATMENT:

Stay with the student.
 Notify school nurse immediately.
Call 911 to access Emergency Medical Services – transport to hospital by ambulance
 Preferred Hospital if transported: _____
 Notify parents/guardian (do not delay treatment by calling – obtain treatment for student first).

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____
 Copy provided to Parent Copy sent to Healthcare Provider

Parent/Guardian Signature to share this plan with Provider and School Staff: _____