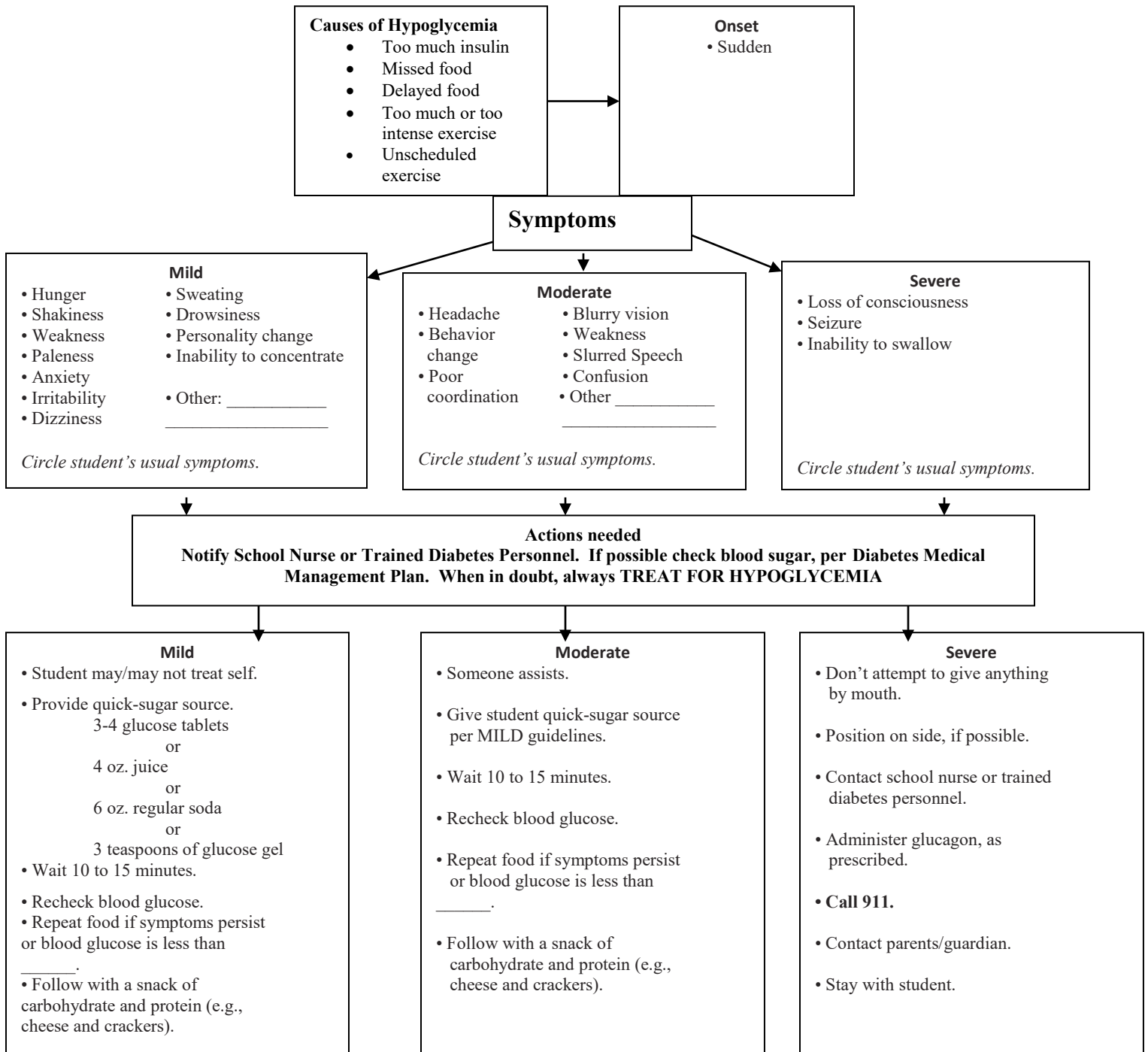


OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN
Part A of Diabetes Medical Management Plan
HYPOGLYCEMIA
(Low Blood Sugar)

Student Name _____	See reverse for Part B and signatures	School _____	Teacher/grade _____
Mother/Guardian _____		Father/Guardian _____	
Home phone _____	Work phone _____	Cell _____	Home phone _____
			Work phone _____
			Cell _____
Trained Diabetes Personnel _____		Contact Number(s) _____	

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

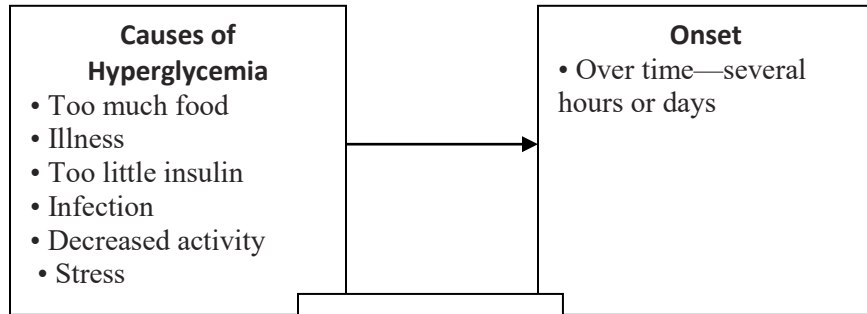


OFFICE OF CATHOLIC SCHOOLS DOCESE OF ARLINGTON
QUICK REFERENCE EMERGENCY PLAN
Part B of Diabetes Medical Management Plan
HYPERGLYCEMIA
(High Blood Sugar)

 Student Name

 School

 Teacher/grade



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

