

**QUICK REFERENCE EMERGENCY PLAN
HYPERGLYCEMIA
(High Blood Sugar)**

Student Name _____

School _____

Teacher/grade _____

Mother/Guardian _____

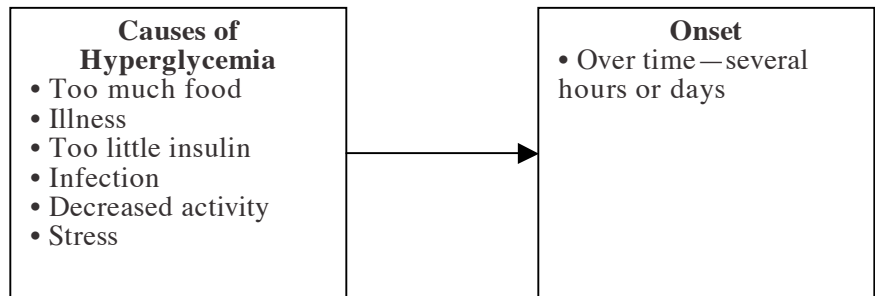
Father/Guardian _____

Phone(s) _____
 Home Work Cell

Phone(s) _____
 Home Work Cell

Trained Diabetes Personnel _____

Contact Number(s) _____



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.

Additional instructions:

