

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
 HEALTH EDUCATION SERVICES (754-321-2272)
 DIABETES EMERGENCY CARE PLAN

Student Name _____ Date _____
 Parent/Guardian Name _____ Phone _____
 Work Phone _____ Cell Phone _____
 Emergency Contact _____ Phone _____

LOW BLOOD SUGAR (HYPOGLYCEMIA)	
IF STUDENT EXHIBITS ANY OF THE FOLLOWING:	DO THESE:
IF CHILD IS UNCONSCIOUS OR HAVING A SEIZURE:	<p>Call 911 immediately and notify parent/guardian Administer Glucagon <u>1</u> mg by injection <i>(To be done by trained personnel only)</i></p> <p>(Glucose gel can be administered inside cheek and massaged from outside while waiting for help to arrive or during administration of Glucagon)</p> <p>Student should be turned on his/her side and maintained in the "recovery" position till fully awake.</p>
Change in personality/behavior Pallor Weak/shaky/tremulous Tired/drowsy/fatigued Dizzy/staggering walk Headache Rapid heart rate Nausea/loss of appetite Clammy/ sweating Blurred vision Inattention/confusion Slurred speech Loss of consciousness Seizures	<p>Check blood glucose level</p> <p>Observe child until symptoms are gone. You should recheck blood glucose level if child not improved in 15 minutes.</p> <p>If blood glucose level below _____ Give <u>one</u> of the following sources of sugar:</p> <ul style="list-style-type: none"> • 4 ounces of juice or regular soda • 2 to 4 glucose tabs • Glucose gel or cake frosting • 8 ounces of skim milk <p>Recheck blood glucose 15 minutes after treatment. Repeat above treatment if blood glucose below _____ If blood glucose not above _____ after second treatment notify parent.</p>
HIGH BLOOD SUGAR (HYPERGLYCEMIA)	
IF STUDENT EXHIBITS ANY OF THE FOLLOWING:	DO THESE:
Increased thirst, urination, appetite Tired/drowsy Blurred vision Warm, dry, or flushed skin Nausea/Vomiting	<p>Check blood glucose level</p> <p>Observe child until symptoms are gone. You should recheck blood glucose level if child not improved in 30 minutes</p> <p>If blood glucose above _____</p> <ul style="list-style-type: none"> • Drink 8-16 ounces of water or DIET soda every hour • Use restroom as often as needed • Be allowed to carry water bottle with them <p>If blood glucose above _____</p> <ul style="list-style-type: none"> • Check urine ketones • If urine ketones are moderate or large, call parent immediately! Do not allow exercise. • Administer insulin if ordered <p>If student exhibits nausea, vomiting, stomachache or lethargy contact parent ASAP.</p> <p>If one of the physical symptoms above are present, student may return to class.</p>

A copy of this plan will be kept in the school office and copies will be given to the school administrative staff. Teachers will be notified if a student has a plan on file in the office. The following staff members have been trained to deal with an emergency, and initiate the appropriate procedures as described above. See attached sheet for additional names.

1. _____ 2/ _____ 3. _____
 4. _____ 5. _____ 6. _____

Reviewed by School Health Personnel: _____ / _____
 Name/Title Date Name/Title Date