

# Emergency Care Plan



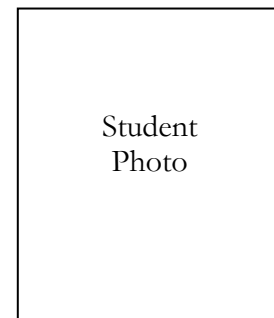
Sample

## 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: \_\_\_\_\_