



Blessed Sacrament School

Health Services

DIABETES-HYPERGLYCEMIA EMERGENCY CARE PLAN

Student: _____ Grade: _____ Teacher: _____ DOB: _____

Asthmatic: Yes No (increased risk for severe reaction) Severity of reaction(s): _____

Mother: _____ Home#: _____ Work#: _____ Cell#: _____

Father: _____ Home#: _____ Work#: _____ Cell#: _____

Emergency Contact: _____ Relationship: _____ Best phone number during school hours: _____

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: Teacher Special Teachers Administration Support Staff

TREATMENT:

Stay with the student

Notify school nurse immediately at: **Ext. 368** or **315-463-1261**

Call 911 to access Emergency Medical Services-transport to hospital by ambulance

Preferred Hospital if transported: _____

Notify parent/guardian (do not delay treatment by calling-obtain treatment for student first).

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____

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

Copy provided to parent Copy sent to Healthcare Provider