HONEOYE CENTRAL SCHOOL

EMERGENCY CARE PLAN OF HYPERGLYCEMIA

Student: _____ Grade: _____ School: _____ DOB:_____

Parent/Guardian Name _____ Phone #:_____ ☐ **Check if cell**

Parent/Guardian Name _____ Phone #:_____ ☐ **Check if cell**

Emergency Contact if Parent/Guardian cannot be reached: _____

Relationship:_____ Phone:_____ ☐ **Check if cell**

Parent /Guardian Signature: _____ Date: _____

This plan will be reviewed with appropriate school staff on a need to know basis to maintain student safety

SYMPTOMS OF A HYPERGLYCEMIC EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Extreme thirst, frequent urination, increased hunger, fatigue
- Lack of concentration, sweet fruity breath, blurred vision
- Dry mouth, nausea, stomach pain, vomiting

Student Photo

SEVERE SYMPTOMS INCLUDE:

- **Labored breathing, very weak, confusion, unconsciousness**

STAFF MEMBERS INSTRUCTED:

❑ Classroom Teacher(s) ❑ Special Area Teacher(s) ❑ Administration ❑ Support Staff ❑ Transportation

TREATMENT:

- Stop any activity immediately.
- Accompany the student to the Health Office. Notify school nurse immediately.

CHECK BLOOD GLUCOSE LEVEL:

If blood glucose ≥ _____mg/dl	Unresponsive
□ Send student to school nurse with escort □ Encourage student to drink water or sugar free drink. □ Check urine for ketones □ Restrict participation in physical activity if ketones are moderate to large, or blood ketones are >0.6 mg/dl.	□ Recover position to maintain safety. □ Notify Parent/Guardian □ Call 911 or EMS per school policy □ Stay with student until help arrives.

Healthcare Provider: _____ Phone: _____

Written by: _____ Date: _____