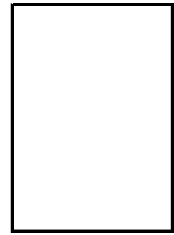




Health Office • Diabetic Emergency Plan

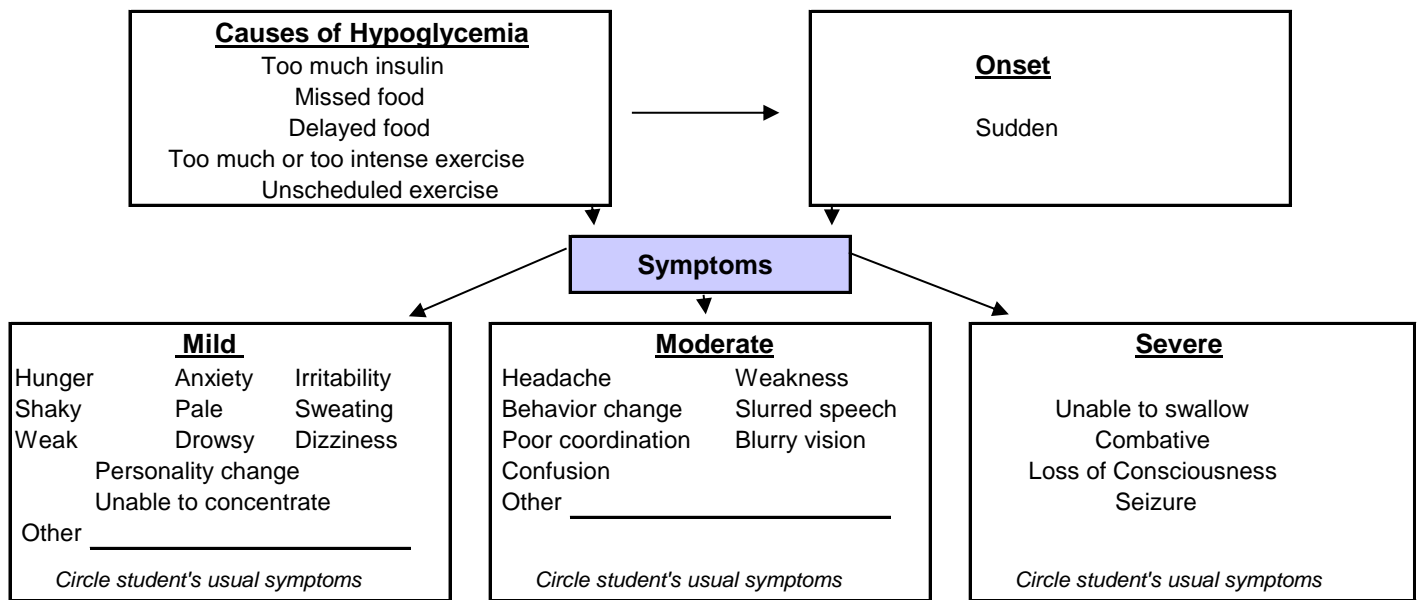
Hypoglycemia (Low Blood Sugar)

Student _____ Date of Birth _____ Grade _____
 School _____ Teacher _____ Ext. _____ Date of Plan _____
 Physical Condition Type 1 Type 2 Date of Diabetes Diagnosis _____

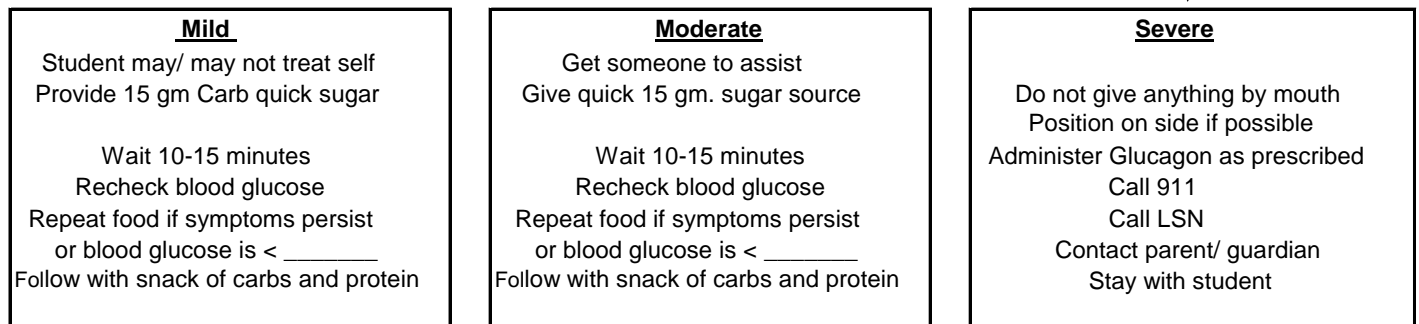


Emergency Contact Information					
Parent/Guardian _____		Parent/Guardian _____			
Home _____	Work _____	Cell _____	Home _____	Work _____	Cell _____
Student's Health Care Provider _____				Phone _____	
Hospital Preference _____			Health Para _____		Phone _____

Never send a child with suspected low blood sugar anywhere alone



Actions Needed
Notify nurse. If possible check blood glucose per health plan. When in doubt, always TREAT FOR HYPOGLYCEMIA



- | Fast Acting Sugar Sources | | |
|---------------------------|------------------|--------------------------------|
| 3-4 Glucose tabs | 6oz sugared soda | 1 tube of Cakemate gel (19 gm) |
| 15 gm glucose gel | 4oz orange juice | 3tsp sugar in water |

Quick Reference Emergency Plan for Hyperglycemia High Blood Sugar

