

The Seven Hills School

Emergency Care Plan—Diabetes

Name: _____ D.O.B. _____ Grade _____

Teacher: _____ P. E. Days & Times _____

Signs of a Diabetic Emergency:

- | | |
|--------------------------------|---|
| 1) "Feeling low" | 6) Pallor |
| 2) Shakiness or hunger | 7) Headache/stomachache |
| 3) Fatigue/weakness | 8) Sweatiness |
| 4) Behavior/personality change | 9) Confusion |
| 5) Irritable/crying | 10) Fainting or "passing out" (see #6) |

DO: (to be completed by the physician)

1. ___ If possible, check sugar or allow student to start drinking juice while you check his/her blood sugar. **If "passes out"/faints, go to #6.**
2. ___ Give fruit juice & cheese crackers as supplied by parents. If these are not available give 12 oz. regular soda pop (Coke) & Kudos bar/crackers from Trauma bags.
3. ___ Check blood sugar again in _____.
(time in min./hrs.)
4. ___ If sugar > ____, observe child but no further treatment is necessary.
5. ___ If sugar < ____, observe child. If symptoms continue, _____.
6. ___ If "passes out", call 911, give _____ and notify parents.
(medication/dose/route)
7. ___ 7. Give snack when student becomes awake and able to swallow.

Other: _____

I have read this emergency plan and am in agreement with it for implementation in the school should the need arise. I waive any claims I might have against The Seven Hills School, its employees or agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the implementation or attempts at implementation of this plan.

(Parent's Signature)

(Date)

(Physician's Signature)

(Date)

Distribution: As deemed necessary by The Seven Hills School