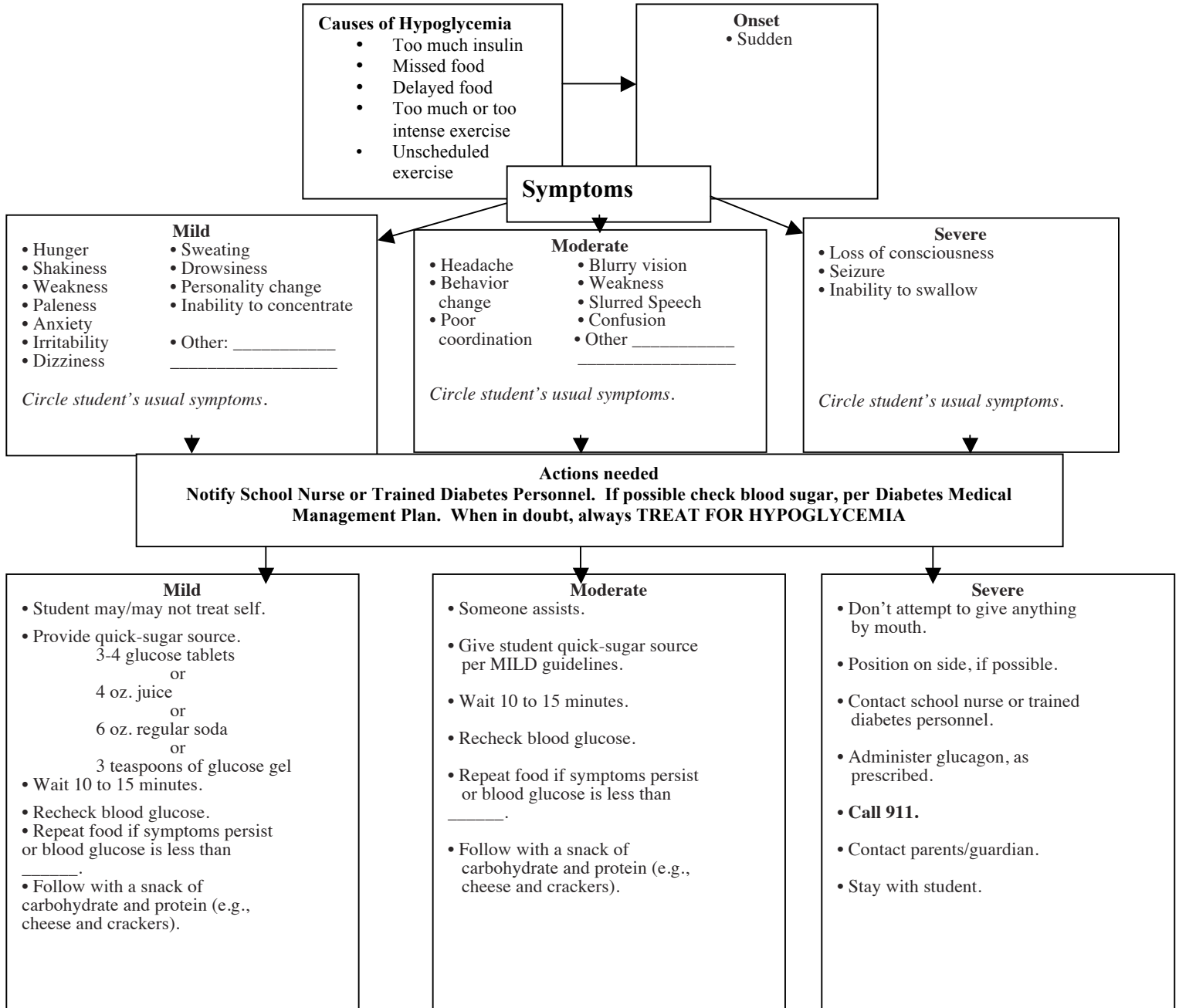


**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON**  
**QUICK REFERENCE EMERGENCY PLAN**  
**Part A of Diabetes Medical Management Plan**  
**HYPOGLYCEMIA**  
**(Low Blood Sugar)**

<b>Student Name</b> _____	See reverse for Part B and signatures	<b>School</b> _____	<b>Teacher/grade</b> _____
<b>Mother/Guardian</b> _____	<b>Father/Guardian</b> _____		
<b>Home phone</b> _____	<b>Work phone</b> _____	<b>Cell</b> _____	<b>Home phone</b> _____
	<b>Work phone</b> _____	<b>Cell</b> _____	<b>Cell</b> _____
<b>Trained Diabetes Personnel</b> _____	<b>Contact Number(s)</b> _____		

**NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE.**

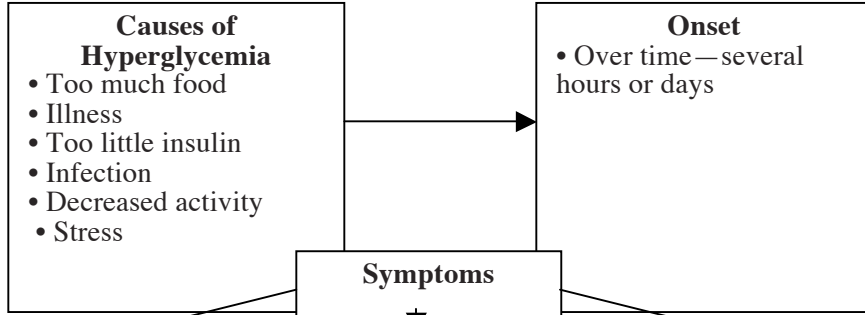


**OFFICE OF CATHOLIC SCHOOLS DOCESE OF ARLINGTON**  
**QUICK REFERENCE EMERGENCY PLAN**  
**Part B of Diabetes Medical Management Plan**  
**HYPERGLYCEMIA**  
**(High Blood Sugar)**

\_\_\_\_\_  
 Student Name

\_\_\_\_\_  
 School

\_\_\_\_\_  
 Teacher/grade



**Mild**

- Thirst
- Frequent urination
- Fatigue/sleepiness
- Increased hunger
- Blurred vision
- Weight loss
- Stomach pains
- Flushing of skin
- Lack of concentration
- Sweet, fruity breath
- Other: \_\_\_\_\_

*Circle student's usual symptoms.*

**Moderate**

- Mild symptoms plus:
- Dry mouth
- Nausea
- Stomach cramps
- Vomiting
- Other: \_\_\_\_\_

*Circle student's usual symptoms.*

**Severe**

- Mild and moderate symptoms plus:
- Labored breathing
- Very weak
- Confused
- Unconscious

*Circle student's usual symptoms.*

**Actions Needed**

- Allow free use of the bathroom.
- Encourage student to drink water or sugar-free drinks.
- Contact the school nurse or trained diabetes personnel to check urine or administer insulin, per student's Diabetes Medical Management Plan
- If student is nauseous, vomiting, or lethargic, \_\_\_\_ call the parents/guardian or \_\_\_\_ call for medical assistance if parent cannot be reached.

*This quick reference card is for use by school personnel and is authorized by;*

\_\_\_\_\_  
 Licensed Health Care Provider

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Date