

EMERGENCY CARE PLAN

Medical Condition: DIABETES	
Student Name:	DOB: / /
Address:	
Student #:	Grade: Counselor:
School:	
Parent/Guardian:	Home Phone: - -
Work Ph. (Mother): - -	Work Ph. (Father): - -
Emergency Contact #1:	Phone: - -
Emergency Contact #2:	Phone: - -
Primary Physician:	Phone: - -
Specialist Physician:	Phone: - -
Medications:	
ALLERGIES:	

Student-Specific Emergency:

<p>IF YOU SEE THIS:</p> <p>Low Blood Sugar:</p> <ul style="list-style-type: none"> • Headache • Shakiness • Sweaty, pale skin • Drowsiness • Staggering • Poor coordination • Bad temper/anger • Confusion • Disorientation 	<p>DO THIS:</p> <ol style="list-style-type: none"> 1. If student can swallow, give student's snack. 2. If student's snack is not available, give one fruit exchange. One fruit equals one of the following: <ol style="list-style-type: none"> a. 3 teaspoons sugar b. ½ cup of orange juice c. 1/3 cup of apple juice d. 1/3 cup soda, preferable lemon-lime (not diet) 3. Call or designate someone to call the school nurse. 4. If glucometer is available, test blood sugar. 5. If low blood sugar symptoms persist after 10-15 minutes, give another fruit exchange. Repeat every 10-15 minutes until symptoms subside. 6. If treatment is not effective and condition worsens, call 911. 7. Call parent. <p>Note: The onset of hypoglycemia (low blood sugar) is usually sudden. If left untreated, this condition can quickly become life threatening.</p>
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When an emergency occurs:

1. Call or designate someone to call the school nurse, or if school nurse is unavailable, notify principal.
2. If the emergency is life-threatening, immediately call Rescuer Squad/911.
3. Stay with the student or designate another adult to do so.
4. Call or designate someone to call a parent.

For each of the above phone calls state:

1. Your name and location.
2. Student's gender (male or female) and age.
3. Student's chief complaint; health care problems.
4. Student's significant past health history. (Example: asthma, diabetes.)
5. Current assessment findings (Example: Vital signs [temperature, pulse, respirations, blood pressure], level of consciousness, adequacy of airway and breathing, presence of bleeding).
6. Treatment rendered. (Example: CPR, pressure dressing, epinephrine.)
7. Student's current status.
8. Availability of parent or guardian.

ECP Prepared By: _____

ECP Review Dates: _____

I have reviewed and agree with this Emergency Care Plan: _____

Parent/Guardian Signature

Date