## Hyperglycemic Emergency Care Plan

<table>
<thead>
<tr>
<th>Causes of Hyperglycemia</th>
<th>Onset of Hyperglycemia</th>
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<tbody>
<tr>
<td>• Too little insulin</td>
<td>• Over several hours or days</td>
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<tr>
<td>• Food intake that has not been covered adequately by insulin</td>
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<tr>
<td>• Decreased physical activity</td>
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</tr>
<tr>
<td>• Illness</td>
<td></td>
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<tr>
<td>• Infection</td>
<td></td>
</tr>
<tr>
<td>• Injury</td>
<td></td>
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<tr>
<td>• Severe physical or emotional stress</td>
<td></td>
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<tr>
<td>• Pump malfunction</td>
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The student should never be left alone, or sent anywhere alone, or with another student when experiencing hyperglycemia.

### Hypoglycemia Symptoms

<table>
<thead>
<tr>
<th>Circle students usual symptoms</th>
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<tbody>
<tr>
<td>• Increase thirst and or dry mouth</td>
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<tr>
<td>• Frequent or increased urination</td>
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<tr>
<td>• Change in appetite</td>
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<tr>
<td>• Nausea</td>
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<tr>
<td>• Blurred vision</td>
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<td>• Other ________________________</td>
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### Diabetic Ketoacidosis

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<tr>
<td>• Dry mouth, extreme thirsty, and dehydration</td>
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<tr>
<td>• Nausea and vomiting</td>
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<tr>
<td>• Severe abdominal pain</td>
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<tr>
<td>• Fruity breath</td>
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<tr>
<td>• Heavy breathing or shortness of breath</td>
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<tr>
<td>• Chest pain</td>
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<tr>
<td>• Increased sleepiness or lethargy</td>
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<tr>
<td>• Depressed level of consciousness</td>
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</table>
### ACTIONS FOR TREATING HYPERGLYCEMIA

<table>
<thead>
<tr>
<th>Treatment for mild to moderate hyperglycemia</th>
<th>Treatment for Emergency Hyperglycemia</th>
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<tbody>
<tr>
<td>• CHECK THE BLOOD GLUCOSE LEVEL _______ MG/DL</td>
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<tr>
<td>• CHECK URINE FOR KETONES IF GLUCOSE LEVEL ARE GREATER THAN _______ MG/DL</td>
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<tr>
<td>• IF STUDENT IS USING A PUMP, CHECK TO SEE IF PUMP IS CONNECTED PROPERLY AND FUNCTIONING</td>
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<tr>
<td>• ADMINISTER SUPPLEMENTAL INSULIN DOSE</td>
<td></td>
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<tr>
<td>• GIVE EXTRA WATER OR NON SUGAR CONTAINING DRINKS (NOT FRUIT JUICES) _______ OZ PER HOUR</td>
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<td>• ALLOW FREE AND UNRESTRICTED ACCESS TO BATHROOM</td>
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<tr>
<td>• RECHECK BLOOD GLUCOSE EVERY 2 HOURS TO DETERMINE IF DECREASING TO TARGET RANGE OF _______ MG/DL</td>
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<tr>
<td>• RESTRICT PARTICIPATION IN PHYSICAL ACTIVITY IF BLOOD GLUCOSE IS GREATER THAN _______ MG/DL AND IF KETONES ARE MODERATE TO LARGE</td>
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<tr>
<td>• NOTIFY PARENTS IF KETONES ARE PRESENT</td>
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<tr>
<td>• CALL 911, PARENT, GUARDIAN, AND EMS</td>
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<tr>
<td>• STAY WITH STUDENT UNTIL EMS ARRIVES</td>
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**HEALTH CARE PROVIDER SIGNATURE**

__________________________________________________________  
**DATE**

__________________________________________________________  
**SCHOOL NURSE SIGNATURE**

__________________________________________________________  
**DATE REVIEWED**