



### HYPERGLYCEMIC EMERGENCY CARE PLAN

CAUSES OF HYPERGLYCEMIA	ONSET OF HYPERGLYCEMIA
<ul style="list-style-type: none"> <li>• TOO LITTLE INSULIN</li> <li>• FOOD INTAKE THAT HAS NOT BEEN COVERED ADEQUATELY BY INSULIN</li> <li>• DECREASED PHYSICAL ACTIVITY</li> <li>• ILLNESS</li> <li>• INFECTION</li> <li>• INJURY</li> <li>• SEVERE PHYSICAL OR EMOTIONAL STRESS</li> <li>• PUMP MALFUNCTION</li> </ul>	<ul style="list-style-type: none"> <li>• OVER SEVERAL HOURS OR DAYS</li> </ul>

**THE STUDENT SHOULD NEVER BE LEFT ALONE, OR SENT ANYWHERE ALONE, OR WITH ANOTHER STUDENT WHEN EXPERIENCING HYPERGLYCEMIA**

<b>HYPOGLYCEMIA SYMPTOMS</b> <i>CIRCLE STUDENTS USUAL SYMPTOMS</i>	
<ul style="list-style-type: none"> <li>• INCREASE THIRST AND OR DRY MOUTH</li> <li>• FREQUENT OR INCREASED URINATION</li> <li>• CHANGE IN APPETITE</li> <li>• NAUSEA</li> <li>• BLURRED VISION</li> <li>• OTHER _____</li> </ul>	<b>DIABETIC KETOACIDOSIS</b> <ul style="list-style-type: none"> <li>• DRY MOUTH, EXTREME THIRSTY, AND DEHYDRATION</li> <li>• NAUSEA AND VOMITING</li> <li>• SEVERE ABDOMINAL PAIN</li> <li>• FRUITY BREATH</li> <li>• HEAVY BREATHING OR SHORTNESS OF BREATH</li> <li>• CHEST PAIN</li> <li>• INCREASED SLEEPINESS OR LETHARGY</li> <li>• DEPRESSED LEVEL OF CONSCIOUSNESS</li> </ul>

**ACTIONS FOR TREATING HYPERGLYCEMIA**

Notify School Nurse as soon as you observe symptoms  
If possible check blood glucose at fingertip

**WHEN IN DOUBT TREAT FOR HYPOGYLEMIA**

Treatment for mild to moderate hyperglycemia	Treatment for Emergency Hyperglycemia
<ul style="list-style-type: none"><li>• CHECK THE BLOOD GLUCOSE LEVEL _____MG/DL</li><li>• CHECK URINE FOR KETONES IF GLUCOSE LEVEL ARE GRREATER THAN _____MG/DL</li><li>• IF STUDENT IS USING A PUMP,CHECK TO SEE IF PUMP IS CONNECTED PROPERLY AND FUNCTIONING</li><li>• ADMINISTER SUPPLEMENTAL INSULIN DOSE</li><li>• GIVE EXTRA WATER OR NON SUGAR CONTAINING DRINKS (NOT FRUIT JUICES) _____OZ OER HOUR</li><li>• ALLOW FREE AND UNRESTRICTED ACCESS TO BATHROOM</li><li>• RECHECK BLOOD GLUCOSE EVERY 2 HOURS TO DETERMINE IF DECREASING TO TARGET RANGE OF _____MG/DL</li><li>• RESTRICT PARTICIPATION IN PHYSICAL ACTIVITY IF BLOOD GLUCOSE IS GREATER THAN _____ MG/DL AND IF KETONES ARE MODERATE TO LARGE</li><li>• NOTIFY PARENTS IF KETONES ARE PRESENT</li></ul>	<ul style="list-style-type: none"><li>• CALL 911, PARENT, GUARDIAN, AND EMS</li><li>• STAY WITH STUDENT UNTI EMS ARRIVES</li></ul>

HEALTH CARE PROVIDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SCHOOL NURSE SIGNATURE \_\_\_\_\_

DATE REVIEWED \_\_\_\_\_