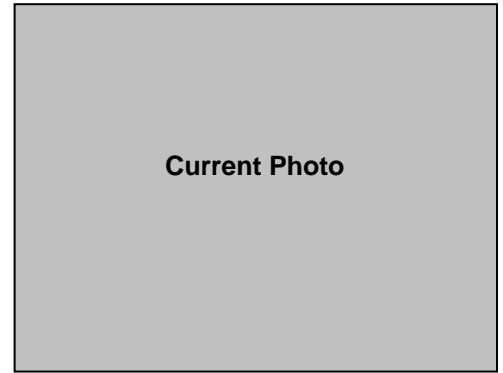


**PLEASE POST  
DIABETES HYPERGLYCAEMIC (High Blood Sugar)  
EMERGENCY ACTION PLAN**

Name of Student :	
Grade:	Teacher:
School Year:	
Wears Medic Alert : YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health Card Number :	



**LOCATION OF FAST ACTING SUGAR**

Classroom :
Office:
Gymnasium:

SYMPTOMS	MILD TO MODERATE	SEVERE
	<ul style="list-style-type: none"> <li>frequent trips to the washroom to urinate;</li> <li>excessive thirst;</li> <li>blurred vision; and</li> <li>hunger</li> </ul> Other: _____	<ul style="list-style-type: none"> <li>nausea;</li> <li>vomiting;</li> <li>extreme thirst;</li> <li>frequent/excessive urination; and</li> <li>general malaise.</li> </ul> Other: _____



ACTIONS	MILD TO MODERATE	SEVERE
	Instruct child to test their blood sugar using glucometer.  <b>If the reading is above _____</b>  <b>TREAT as per plan developed during Case Conference:</b> _____ _____ _____ _____ _____	<b>DO NOT limit intake of water</b> <ul style="list-style-type: none"> <li>CALL 911</li> <li>Inform EMS student has Diabetes (Specify Type)</li> <li>Call Parent/Guardian/Caregiver for direction</li> <li>If unconscious roll student on their side</li> <li>Stay with student until EMS arrives</li> <li>Provide EMS student's pocket emergency card</li> </ul>

EMERGENCY CONTACTS	Please prioritize 1 - 2 - 3		
	1. (name /relationship) _____	(h) _____	(w) _____ (c) _____
	2. (name /relationship) _____	(h) _____	(w) _____ (c) _____
	3. (name /relationship) _____	(h) _____	(w) _____ (c) _____