



## DIABETES EMERGENCY CARE PLAN

This section must be completed by a HEALTH CARE PROVIDER: (MD,DO,ND,DMD,DC,PA,ARNP or CNM)

Child Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Target range of blood glucose: [ ] 70-180 [ ] 80-240 [ ] other \_\_\_\_\_ - \_\_\_\_\_

Name of blood glucose meter child is using:  
\_\_\_\_\_

### Procedures

Blood glucose testing is performed before lunch and, in addition, at any time the child exhibits signs and symptoms of hyperglycemia or hypoglycemia, as described on the attached form.

Parent(s)/guardian(s) must supply blood glucose monitoring materials.

Check all that apply:  meter  insulin  glucose tablets  juice  Glucagon  Ketones strips

Other materials include (give detail)  
\_\_\_\_\_

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### HYPOGLYCEMIA (LOW BLOOD SUGAR)

LOW blood sugar BELOW: \_\_\_\_\_

SYMPTOMS:  
\_\_\_\_\_  
\_\_\_\_\_

ACTIONS: \_\_\_\_\_  
\_\_\_\_\_

If the child experiences the symptoms listed, and they are not eliminated by the actions specified above, please indicate the symptoms that require parental notification.

\_\_\_ Dizziness

\_\_\_ Weakness

\_\_\_ Impaired Vision

\_\_\_ Other: (explain) \_\_\_\_\_



## DIABETES EMERGENCY CARE PLAN

### HYPERGLYCEMIA (HIGH BLOOD SUGAR)

HIGH blood sugar ABOVE: \_\_\_\_\_

SYMPTOMS:

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ACTIONS:

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If the child experiences the symptoms listed, and they are not eliminated by the actions specified above, please indicate the symptoms that require parental notification.

- Dizziness
- Weakness
- Impaired Vision
- Other: (explain)

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If the steps outlined above do not eliminate the child's symptoms and the child experiences more serious symptoms (such as loss of consciousness or seizure), STC Staff will call the area's emergency personnel number (e.g. "911").

The child may participate in recreational GYMNASTICS activities. [ ] Yes [ ] No

Activity restrictions: [ ] None [ ] Some Restrictions; please explain:

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Licensed Health Care Provider's Signature

Date

Phone