

EMERGENCY HEALTH PLAN

NAME:

DATE OF BIRTH

HYPOGLYCAEMIA

Blood Glucose Level (BGL) Below 4 mmol/L

Insert student's photo

MILD-MODERATE

SIGNS AND SYMPTOMS

- Shaky
- Pale sweating
- Looks unwell
- Complaining of headache or feeling hot
- Irritable/Argumentative
- Mood change

DO NOT LEAVE UNATTENDED OR SEND TO OFFICE/SICKBAY

TREATMENT

- Check student's blood glucose level (if able).
IF IN DOUBT TREAT
- Give 1 Popper 125ml
(Or 5 jelly beans or 3 teaspoons sugar or 150ml lemonade)
- Retest BGL in 15 mins. Clean fingers if possible.
- If below 4 mmol/l give another popper and wait 15 minutes. Retest blood glucose level.
- Once above 4 mmol/l, if due to eat within 30 minutes to eat as usual. If not, give slow acting carbohydrate such as muesli bar, 2 plain biscuits or as provided in hypo box.

SEVERE

SIGNS AND SYMPTOMS

- Unable to swallow, drowsy (e.g Can't suck on a popper)
- Confused or Disorientated
- Unconscious
- Having a seizure

TREATMENT

- DO NOT GIVE FOOD OR DRINK
- DO NOT LEAVE UNATTENDED
- If unconscious, place the student in the recovery position (on side) and check his/her airway is clear.
- Phone ambulance **DIAL 000 / 112 (mobile)**
- Ring parents once ambulance has been called

WHEN CALLING AN AMBULANCE

- State it is a **Diabetes emergency**
- School's address:

PARENT

Mum
Dad:
Home
Mobile

EQUIPMENT LOCATION

To be kept with or in close proximity to student

- Hypo Kits
- BG Meter
- Health plans

REMEMBER

- Record the event
- Restock Hypo kits and /or medication used

In the event of an emergency I authorise school personnel to follow this management plan as outlined.

Parent/ Carer name:

Signature:

date:

Plan developed by:

Signature:

date:

EMERGENCY HEALTH PLAN

NAME:

DATE OF BIRTH

HYPERGLYCAEMIA

Blood Glucose Level (BGL) above 15 mmol/L

Student is Well



SIGNS AND SYMPTOMS

- Excessive thirst
- Going to the toilet frequently
- Tired



ACTION

- Allow water and toilet privileges
- Student should **NOT** be made to exercise
- If Student becomes unwell contact parents and/or follow **Student is Unwell** pathway

PARENT

Mum
Dad
Home
Mobile

WHEN CALLING AN AMBULANCE

- State it is a **Diabetes emergency**
- School's address:

REMEMBER

Record event

Student is Unwell



SIGNS AND SYMPTOMS

- Nausea and/or abdominal pain
- Vomiting
- Rapid laboured breathing
- Sweet-smelling breath



ACTION

- **DO NOT LEAVE UNATTENDED**
- Phone ambulance **DIAL 000 / 112 (mobile)**
- Ring parents once ambulance has been called

In the event of an emergency I authorise school personnel to follow this management plan as outlined.

Parent/ Carer name: _____ Date: _____

Signature: _____

Plan developed by: _____

Signature: _____ Date: _____