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| goodlogo2 |

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| --- | --- | --- | --- | --- | --- | --- |
|  |       |  |       |  | School |       |
| Student | DOB: | Year: |
| Matric: |       | School: |       |
|  |  |  |  |  |  |

 |

**Diabetic Care Plan:** **Hyperglycemia (High Blood Sugar)**

|  |  |
| --- | --- |
| **High blood sugar for my child is:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Causes of Hyperglycemia |  | Onset |  |
| * Too much food
* Too little insulin
* Decreased activity
 | * Illness
* Infection
* Stress
 |
| * Over time – several hours or days
 |
|  |
|  | Symptoms |  |
|  | Blood Sugar |  |  | Blood Sugar |  |  | Blood Sugar |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Mild |  | Moderate |  | Severe |
| * Thirst
* Frequent urination
* Fatigue/sleepiness
* Increased hunger
* Stomach pains
* Flushing of skin
* Other:

 \_\_\_\_\_\_\_\_\_  | * Mild symptoms plus:
* Dry mouth
* Lack of concentration
* Nausea
* Stomach cramps
* Vomiting
* Weight Loss
* Blurred vision
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Mild and moderate symptoms plus:
* Labored breathing
* Very weak
* Confused
* Sweet, fruity breath
* Unconscious
 |
| ***Circle student’s usual symptoms*** |  ***Circle student’s usual symptoms*** | ***Circle student’s usual symptoms*** |
|  |
|  | Actions Needed |  |
| * Allow free use of the bathroom.
* Encourage student to drink water or sugar-free drinks.
* Contact the school nurse or trained diabetes personnel to check urine or administer insulin, per student’s Diabetes Medical Management Plan.
* If student is nauseous, vomiting, or lethargic, call the parents/guardian or 911 call for medical assistance if parent cannot be reached.
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Date Parent Signature School Nurse