

Edina Public Schools Health Services • Emergency Healthcare Plan

Hyperglycemia – High Blood Glucose (BG)

TARGET RANGE:

Student Name:

Birth date:

School Year:

Hospital of choice:

SYMPTOMS

High Blood Glucose

EARLY SYMPTOMS

Thirst / dry mouth
Frequent urination
Fatigue / sleepiness
Increased hunger
Blurred vision
Lack of concentration

SYMPTOMS

PROGRESSIVELY WORSEEN:

Sweet breath
Facial flushing
Dry, warm skin
Nausea / stomach ache
Vomiting
Weakness
Confusion
Labored breathing
Unconsciousness / coma

ACTION

- 1. Check Blood Glucose**
- 2. Treat symptoms as listed below**

IF STUDENT IS FEELING OK & BG >Target Range:

Provide water if thirsty
Allow liberal bathroom privileges
May resume classroom activities
Call LSN
If student has a pump-Check for occlusion or pump malfunction

IF STUDENT IS FEELING OK & BG >300 mg/dL:

Call LSN
Delay test taking until BG <300 mg/dL
Provide water if thirsty
Allow liberal bathroom privileges
Check ketones and provide insulin per medical orders

IF STUDENT IS NOT FEELING WELL OR BG >300 mg/dL after 1 hour:

Send to health office
Call parent to pick up student

**FOR VOMITING WITH CONFUSION,
LABORED BREATHING AND / OR**

COMA:

**Call 911
Call LSN
Notify parent**

Field Trip Instructions:

*Parent or trained personnel to accompany student
Student carries own glucometer, test strips, pump supplies, carbohydrate snacks and cell phone
Student is independent in all diabetic cares but may need help if BG is too low or too high
Diabetic supplies to be sent include: (list those that are appropriate—glucometer, glucose test strips,
insulin pen, insulin & syringe, pump supplies, glucagon, glucose tabs, carbohydrate snacks, glucose gel,
juice boxes, other: _____)
Special Instructions: _____*

Licensed School Nurse Signature: _____ **Date:** _____