# Quick Reference Emergency Plan – Transportation/Bus Driver

**for a Student with Diabetes**

**Hypoglycemia**

*(Low Blood Sugar)*

| Student’s Name: ________________________________________________________________ |
| Grade/Teacher: ____________________________ Date of Plan: __________________ |

**Emergency Contact Information:**

**Mother/Guardian__________________________**

Home phone: __________________ Work phone: ______________ Cell phone: ____________

**Father/Guardian__________________________**

Home phone: __________________ Work phone: ______________ Cell phone: ____________

**School Phone:____________________________**  **School nurse phone: Clinic__________**

**Trained Diabetes personnel:**

**Is student self care? __________ Yes ______ No**

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**Never send/leave a student with suspected low blood sugar anywhere alone**

## Causes of Hypoglycemia

- Too much insulin
- Missed food
- Delayed food
- Too much or too intense exercise
- Unscheduled exercise

## Symptoms

### Mild

- Hunger
- Shakiness
- Weakness
- Paleness
- Anxiety
- Dizziness

### Moderate

- Headache
- Behavior change
- Poor coordination
- Unable to concentrate
- Irritability
- Other: _______  
  *circle student’s usual symptoms*

### Severe

- Loss of consciousness
- Seizure

*circle student’s usual symptoms*

## Onset

- Sudden

## Actions Needed

**WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA**

### Mild / Moderate

- Ask student if quick sugar source is in backpack
- Provide quick sugar source:
  - 4-6 Life savers
  - or 3 teaspoons of glucose gel
  - or 3-4 glucose tablets
  - or 4 oz juice
  - or 6 oz regular (not diet) soda
- Call Dispatch to contact parent/guardian, school nurse/school
- Repeat quick-sugar source if symptoms persist
- If student is self care, allow student to check blood sugar and eat a quick sugar source if necessary, according to plan of care

### Severe

- Don’t attempt to give anything by mouth
- If unconscious, position on side, if possible
- Call Dispatch to contact 911, parent/guardian, school nurse/school
- Stay with student

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**This information is confidential and can only be shared on a “need to know” basis.**
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for a Student with Diabetes

**Hyperglycemia**
(High Blood Sugar)

Bus # ______

Student’s Name: ________________________________________________________________

Grade/Teacher: ___________________________ Date of Plan: __________________

Emergency Contact Information:

Mother/Guardian_______________________________________________________________

Home phone: __________________ Work phone: ______________ Cell phone: ____________

Father/Guardian ______________________________________________________________

Home phone: __________________ Work phone: ______________ Cell phone: ____________

School Phone: ________________ School nurse phone: Clinic ________________

Trained Diabetes Personnel: ____________________________________________________

Is student self care? _______ Yes _______ No

### Causes of Hyperglycemia
- Too much food
- Too little insulin
- Decreased activity
- Illness/Infection
- Stress

### Onset
- Over time—several hours or days

### Symptoms

#### Mild
- Thirst
- Frequent Urination
- Fatigue/sleepiness
- Increased hunger
- Blurred vision
- Stomach pains
- Flushing of skin
- Lack of concentration
- Other: ____________

#### Moderate
- Mild symptoms plus:
  - Dry mouth
  - Nausea
  - Stomach cramps
  - Vomiting
  - Sweet, fruity breath
  - Other: ____________

#### Severe
- Mild and Moderate symptoms plus:
  - Labored breathing
  - Very weak
  - Confused
  - Unconscious

### Mild/Moderate
- On long trips, provide frequent bathroom breaks
- Encourage student to drink water or sugar-free drinks
- If student is self care, allow student to check blood sugar and administer insulin if necessary, according to plan of care

### Severe
- Don’t attempt to give anything by mouth
- If unconscious, position on side, if possible
- Call Dispatch to contact 911, parent/guardian, school nurse/school
- Stay with student