

# Student Diabetes Action Card

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
 Homeroom Teacher \_\_\_\_\_ Section \_\_\_\_\_  
 Parent/Guardian's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # Home \_\_\_\_\_ Work \_\_\_\_\_  
 Emergency Contact Person \_\_\_\_\_  
 Phone # Home \_\_\_\_\_ Work \_\_\_\_\_  
 Physician Treating Student for Diabetes \_\_\_\_\_ Phone # \_\_\_\_\_  
 Family Physician if different \_\_\_\_\_ Phone # \_\_\_\_\_

## *Hypoglycemia (Low Blood Sugar)*

Never send a child with suspected low blood sugar anywhere alone.

### **Causes of Hypoglycemia**

- Too much insulin
- Missed/delayed food
- Too much/too intense exercise
- Unscheduled exercise

### **Onset**

Sudden



### **Symptoms**

**Please circle the child's usual symptoms:**

<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
Hunger Drowsiness Shakiness Personality Change Weakness Cannot Concentrate Paleness Sweating Irritability Anxiety	Headache Blurry Vision Weakness Behavior Change Confusion Slurred Speech Poor Coordination	Loss of Consciousness Seizure Inability to Swallow



### **Actions Needed**

**Notify School Nurse. If possible, check blood sugar. When in doubt, always TREAT FOR HYPOGLYCEMIA.**



<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
Student can treat self Provide quick sugar source 3-4 Sugar tabs 4 oz. Juice Wait 10-15 minutes Recheck blood glucose Repeat sugar source if Blood glucose less than _____ Follow with a snack of Carbohydrate and protein.	Student needs assistance Provide quick sugar source 3-4 Sugar tabs 4 oz. Juice Wait 10-15 minutes Recheck blood glucose Repeat sugar source if Blood glucose less than _____ Follow with a snack of Carbohydrate and protein.	Don't give anything by mouth. Position on side Administer Glucagon as ordered. Have someone call an Ambulance. Contact parent/guardian Stay with student.

Over for hyperglycemia →

## *Hyperglycemia (High Blood Sugar)*

### Causes of Hyperglycemia

- Too much food
- Too little insulin
- Decreased activity
- Illness/infection
- Stress

### Onset

Over time- several hours or days



### Symptoms

Please circle the child's usual symptoms:

<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
Thirst Frequent urination Fatigue/sleepiness Increased hunger Blurred vision Weight loss Stomach pains Flushing of skin Lack of concentration Sweet fruity breath Other : _____	Mild symptoms plus: Dry mouth Nausea Stomach cramps Vomiting Other: _____	Mild and moderate symptoms plus: Labored breathing Very weak Confused Unconscious



### Actions Needed

- Allow free use of the bathroom
- Encourage child to drink water or sugar-free drinks.
- Contact the school nurse to check blood sugar.
- Follow the child's Diabetic Medical Management Plan.
- If student is nauseous, vomiting, or lethargic, call Parent/guardian.

**This Student Diabetes Action Plan Has Been Approved By:**

\_\_\_\_\_  
Signature of Licensed Prescriber

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date