

STUDENT'S NAME:

Student's usual LOW blood glucose symptoms:

- _ Shaky or jittery
- _ Sweaty
- _ Hungry
- _ Pale
- _ Headache
- _ Blurry vision
- _ Sleepy
- _ Dizzy
- _ Uncoordinated
- _ Irritable, nervous
- _ Argumentative
- _ Combative
- _ Changed personality
- _ Changed behavior
- _ Unable to concentrate
- _ Weak, lethargic

ALGORITHMS FOR BLOOD GLUCOSE RESULTS

CHECK BLOOD GLUCOSE

Student's usual HIGH blood glucose symptoms:

- Hyperglycemia**
 - _ Increased thirst, dry mouth
 - _ Frequent or increased urination
 - _ Change in appetite, nausea
 - _ Blurry vision
 - _ Fatigue
 - _ Other
- Emergency levels**
 - _ Extreme thirst
 - _ Nausea, vomiting
 - _ Severe abdominal pain
 - _ Fruity breath
 - _ Heavy breathing, shortness of breath
 - _ Increasing sleepiness, lethargy

BELOW 70

70 - 90

91-125

126-300

ABOVE 300

1. Give 15 gm fast-acting carbohydrate.
2. Notify school nurse (if available).
3. Observe for 15 minutes.
4. Recheck blood glucose.
 - a. If less than 70, repeat 15 gm carbohydrate.
5. Notify parent if no improvement.
6. If recovered, and if meal/snack is not within an hour, give a carbohydrate snack.
7. Student should not exercise until blood glucose is >70.

1. If student's blood glucose result is **immediately following or prior to** exercise, give 15 gm carbohydrate snack
2. If meal or snack is within 60 minutes, no additional carbs are needed.
3. If student is not going to eat within 1-2 hours, give small carbohydrate snack.

Student may eat a snack before exercising or before recess.

No action needed.

- STUDENT TREATED BY INJECTION
1. Use correction scale or formula at lunch or every 3 hours.
 2. Notify school nurse (if avail.)
 3. Check ketones if symptoms or if blood glucose >300 twice in a row:
 - a. If ketones are absent or small, encourage exercise and water
 - b. If ketones moderate or large:
 - No exercise; give water
 - Call parent
 - Give units of insulin per orders
 4. **Provide free, unrestricted access to water and the restroom.**

- STUDENT TREATED BY PUMP
1. If 2-3 hours since last bolus, treat with correction bolus via pump.
 - Check for redness at site, tubing for kinks or air bubble, insulin supply
 2. Re-check in 2- 3 hrs. Notify school nurse, if available.
 3. If blood glucose still ≥ 300 mg/dl and not explained, check ketones:
 - a. If ketones are absent or small, encourage exercise and water
 - b. If ketones moderate or large:
 - Give insulin correction dose per orders via syringe.
 - Call parent
 - No exercise; encourage water
 4. Change infusion set or continue insulin injections every 2-3 hours via syringe.
 5. **Provide free, unrestricted access to water and the restroom.**

CALL 911 if student becomes unconscious, has seizures or is unable to swallow.

- o Turn student on side to ensure open airway
- o Give glucagon as ordered. Keep student in recovery position on side.
- o If on insulin pump, either place it in 'suspend' mode, or disconnect it at the pigtail or clip. If pump is removed, send it with EMS to the hospital.
- o Notify school RN & parent/guardian.
- o Wait 15 minutes; if no response, repeat glucagon.
 - o If responsive, offer juice. Wait 15 minutes and give carbohydrate snack.

15 GM FAST-ACTING CARBOHYDRATE:

- 1/2 c. juice
- 3-4 glucose tablets
- Tube of glucose gel
- 1/2 c. regular (not diet) soda
- 6-7 small sugar candies (to chew)
- 1 c. skim or low-fat milk

EXERCISE AND SPORTS:

- ✓ Ensure that student has quick access to water for hydration, fast-acting carbohydrates, snacks, and monitoring equipment.
- ✓ Student should not exercise if blood glucose level is below 70 mg/dl or if they have moderate to large ketones.

*****Never send a child with suspected low blood glucose anywhere alone.*****