

**ST. MARY'S COUNTY PUBLIC SCHOOLS**  
*Department of Student Services/Health Department*

***DIABETES EMERGENCY ACTION PLAN FOR FIELD TRIPS  
OR SCHOOL SPONSORED ACTIVITIES THAT OCCUR OUTSIDE OF THE INSTRUCTIONAL DAY***

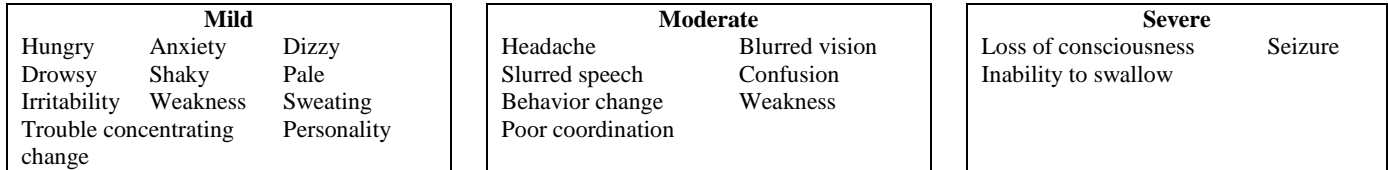
Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 PARENT(S)/LEGAL GUARDIAN(S): \_\_\_\_\_ EMERGENCY CONTACTS IF PARENT(S)/LEGAL GUARDIAN(S) UNAVAILABLE: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (home) (work) (home) (work)  
 Cell: \_\_\_\_\_ Cell: \_\_\_\_\_  
 (#1) (#2) (#1) (#2)

**NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE**

**Causes of Hypoglycemia:**  
 Too much insulin  
 Too much or too intense exercise  
 Missed or delayed food/snack  
 Unscheduled exercise

**Symptoms of Hypoglycemia - Low Blood Sugar**



**Actions Needed:**  
 Notify Trained Diabetes Personnel  
 If possible, check blood sugar., per Diabetes Medical Management Plan  
 When in doubt, **ALWAYS TREAT.**

**Mild**

- Student may/may not treat self.
- Provide quick sugar source (3-4 glucose tablets, 4 oz. juice, 6 oz. regular soda, or 3 teaspoons of glucose gel).
- Wait 10-15 minutes.
- Recheck blood glucose.
- Repeat food if symptoms persist or blood glucose is less than 70.
- Follow with a snack of carbohydrate and protein (*e.g., cheese and crackers*).

**Moderate**

- Someone assists.
- Give student quick sugar source per MILD guidelines.
- Wait 10-15 minutes.
- Recheck blood glucose.
- Repeat food if symptoms persist or blood glucose is less than 70.
- Follow with a snack of carbohydrate and protein (*e.g., cheese and crackers*).

**Severe**

- Do not attempt to give any food or drink by mouth.
- Position on side, if possible.
- Administer glucagon if prescribed
- Insert a tube of Cake Mate or glucose gel between cheek and gum, and gently massage outside of cheek if glucagon unavailable.
- Call 911.
- Contact parent(s)/legal guardian(s).
- Stay with student.

- Student has demonstrated independence in managing their diabetes.
- Student may attend scheduled field trips without the availability of glucagon, but must carry Cake Mate or glucose gel.
- Student may attend scheduled field trips with the availability of glucagon.

Physician's Name (*print clearly*) \_\_\_\_\_ Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_ Physician's Fax Number \_\_\_\_\_

Signature of Parent(s)/Legal Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature of School Nurse \_\_\_\_\_ Date \_\_\_\_\_

I understand and agree with the information in this emergency plan of care and that the information will be shared with appropriate school staff.  
 Note: If emergency medications are needed a Diabetes Medical Management plan **must** be completed.