

# Individualized Emergency Action Plan for Diabetes in School (revised 04/06 CCS/KCS)

(To be completed by a parent/guardian, reviewed with the school nurse and shared with school personnel on a need to know basis)

Student's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Transportation:  bus  car  driver

## BLOOD GLUCOSE MONITORING

- Target range: \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl
- Usual times to test blood sugar: \_\_\_\_\_
- **Contact parent if blood sugar is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl**
- How will the parent be notified of daily blood sugar levels? \_\_\_\_\_
- Student will check blood sugar:  In the School Nurse's office  In the classroom
- Child's ability to check blood sugar:  Independent  Needs assistance

## INSULIN ADMINISTRATION

- Time: \_\_\_\_\_ Type: \_\_\_\_\_ Dosed per physician's order.
- Carb: Insulin Ratio: \_\_\_\_\_ : \_\_\_\_\_
- My child's insulin is administered via:  Needle/Syringe  Insulin pen  Insulin pump  Oral medication
- Current level of student's ability to administer insulin and count carbohydrates:  
 Independent  Staff to perform until student is independent and then supervise  Staff to supervise student
- **For students on insulin pumps only:**
  - Type of pump: \_\_\_\_\_
  - Users manual from the pump company will be provided to the School Nurse:  NO  YES
  - Trouble shooting the pump alarms and codes:  Student is independent  Student requires assistance
  - Insulin administered by:  Bolus  Dual wave
  - Student's ability to administer bolus:  Student is independent  Student requires assistance

## LUNCH

- Lunch Time: \_\_\_\_\_
- Will student be eating a school lunch?  NO  YES
- Child's ability to count carbohydrates:  Independent  Needs assistance
- If the student requires assistance counting carbs, when he/she brings a bag lunch from home, the parent is responsible for writing down the # of carbohydrates that they packed and for sending a note in the student's lunch.

## SNACKS

- Student will carry a snack in his/her backpack and be permitted to eat a snack in the classroom and/or on the bus as needed.
- Extra snacks will be stored:  In the School Nurse's office  In the classroom  Other (explain) \_\_\_\_\_
- Scheduled snacks should be eaten at what times? \_\_\_\_\_

## PHYSICAL EDUCATION/SPORTS

- P.E Time and Days: \_\_\_\_\_
- Participates on the following sports team and has practices when? : \_\_\_\_\_
- Times to do extra blood sugar checks (check all that apply)  Before exercise  After exercise  other (explain) \_\_\_\_\_
- Does the student require an extra snack prior to exercise?  NO  YES, explain: \_\_\_\_\_
- Student may carry a parent provided snack.
- **Student should not exercise if blood sugar is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl.**

## BATHROOM

- Allow bathroom privileges without restriction

## PARTIES

- The child with diabetes can participate in parties just like all the other children. The teacher will notify the parent/guardian when a party will take place and include information about what food will be served so that they can decide with the child what he/she may have to eat.
- The parent will provide a "party box" of substitute snacks to be stored in the classroom:  NO  YES

## FIELD TRIPS

- The child's meter, insulin and a sugar source should always accompany the child with diabetes on any field trip.
- A Trained Diabetic Care Personnel will be accompanying the student on field trips.
- Other necessary field trip accommodations: \_\_\_\_\_

## HYPOGLYCEMIA (low blood sugar)

- My child's usual symptoms of low blood sugar: \_\_\_\_\_.
- If the student exhibits the above signs/symptoms he/she should check blood sugar and/or be accompanied to the school nurse for monitoring.
- **Notify parent/guardian if blood sugar is < \_\_\_\_\_ mg/dl**
- Treatment for low blood sugar: \_\_\_\_\_ and recheck in 15 minutes.
- If student is conscious, but unable to swallow, cake icing or instant glucose gel will be placed inside the cheek.
- Will Glucagon be kept at school?:  NO  YES **If yes, Glucagon will be administered per the physician's order if the student becomes unconscious and/or is seizing, 911 will be called, and the parent will be notified.**

## HYPERGLYCEMIA (high blood sugar)

- My child's usual symptoms of high blood sugar: \_\_\_\_\_.
- Check ketones if blood sugar >: \_\_\_\_\_ mg/dl. **Notify parent if (+) ketones.**
- **Notify parent/guardian if blood sugar is > \_\_\_\_\_ mg/dl**
- Student needs to drink water and should be allowed to have water bottle in classroom.

## CONTACT INFORMATION

**Parent/Guardian:** \_\_\_\_\_  Mother  Father  Step-mother  Step-father  Guardian

Telephone #: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_  Mother  Father  Step-mother  Step-father  Guardian

Telephone #: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Telephone #: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**Name of Physician/Clinic treating student for diabetes:** \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

***I understand that two or more Diabetic Care Personnel will be identified and trained by the school nurse. I agree that the parent is responsible for providing the school with their child's Treatment Plan and Management Plan completed by the Health Care Provider, phone numbers for the parent/guardian, emergency contacts and physician, blood sugar testing supplies, insulin administration supplies, back-up supplies for insulin pump users, ketone testing supplies, if necessary and supplies and instructions for treating low and high blood sugar including snacks, juice and a water bottle. I further understand that all insulin vials &/or insulin pen refills must be replaced every 30 day once opened.***

Parent/guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

**TRAINED DIABETIC CARE PERSONNEL (identified and trained by the School Nurse)**

1.) \_\_\_\_\_ 2.) \_\_\_\_\_