

# ISD #477 School Health Services

## DIABETIC ACTION PLAN



**PRINCETON**  
DISTRICT CENTER

**Physician: Please complete page 1**

**Parent/Guardian: Please complete page 2**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_ Teacher (Elem. only) \_\_\_\_\_ Bus: Yes or No

Physician: \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ H# \_\_\_\_\_ W# \_\_\_\_\_ C# \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ H# \_\_\_\_\_ W# \_\_\_\_\_ C# \_\_\_\_\_

### Blood Glucose Monitoring and Insulin

**Blood Glucose Target Number/Range: \_\_\_\_\_ mg/dl**

- Blood Glucose Testing Times: ☐ Pre-snack ☐ Pre-lunch ☐ Pre-dismissal ☐ Pre-gym ☐ Other (Specify) \_\_\_\_\_
- Snack/Lunch Bolus: ☐ \_\_\_\_\_ # of units per \_\_\_\_\_ grams of carbohydrates ☐ per pump
- Correction Scale: ☐ \_\_\_\_\_ unit per \_\_\_\_\_ blood glucose points over \_\_\_\_\_ (See "Correction Scale" below) ☐ per pump
- Student can self-administer insulin/manipulate pump: ☐ Yes ☐ No
- Parent may adjust insulin doses as needed: ☐ Yes ☐ No
- Student wears a continuous glucose sensor: ☐ Yes ☐ No

### Medications

• Please list all medications student is taking.

Medication	Strength	Dose	Time	Route	Possible Side Effects
<input type="checkbox"/> Insulin – type: _____					
<input type="checkbox"/> Emergency med: _____					
<input type="checkbox"/> Other: _____					

### Hyperglycemia Treatment

**High blood glucose > \_\_\_\_\_ mg/dl**

- ☐ Per pump
- ☐ Correction insulin (in addition to scheduled meal dose).

Blood Glucose Value	Units of Insulin
<b>Less than _____</b>	
-	
-	
-	
-	
-	
-	
<b>More than _____</b>	

- ☐ Administer insulin per "Correction Scale" if more than \_\_\_\_\_ hours since last injection.
- ☐ Recheck blood glucose level in 1 hour if blood glucose is > \_\_\_\_\_.
- ☐ Check ketones if blood glucose is > \_\_\_\_\_. Notify parent/guardian if ketones are present.
- ☐ Notify parent/guardian of blood glucose > \_\_\_\_\_.
- ☐ Additional instructions \_\_\_\_\_

### Hypoglycemia Treatment

**Low blood glucose < \_\_\_\_\_ mg/dl**

- Immediately treat with 15 grams of fast-acting carbohydrate (ex: 4 oz. juice or regular pop, 3-4 glucose tablets, fruit snack, 8 oz. skim milk, etc.)
- ☐ Recheck blood glucose in \_\_\_\_\_ minutes and repeat treatment if blood glucose remains low.
- ☐ If student will participate in additional exercise before next meal, student should have another 15 grams of carbohydrates to prevent hypoglycemia.
- ☐ Notify parent/guardian of blood glucose < \_\_\_\_\_.
- ☐ Immediately administer **Glucagon** \_\_\_\_\_ mg if student is unconscious or having seizures (Glucagon emergency kit)
  - Place student on their side as vomiting is a common side effect.
  - **Call 911.**
  - Notify Parent/Guardian.
- ☐ Additional instructions \_\_\_\_\_

### Physician Authorization

I authorize the above plan to be followed in school.

Physician's Signature: \_\_\_\_\_ Printed Name of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian: Please complete this page**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

- FIELD TRIPS:** •All testing supplies, snacks for hypoglycemia, and a copy of the Action Plan will be sent.  
•Specific testing times and insulin administration instructions will be determined for each field trip.  
•If supplied by parent, glucagon will be sent along on the field trip to be used by 911 personnel.

**BUS INFORMATION:** ISD 477 will inform the bus company that your child has a Diabetic Action Plan. Please notify the bus company directly of any specific directions for your child's care while riding the bus.

**PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICATION**

1. I request that the above medication(s) be given during school hours as ordered by this student's healthcare provider. I also request the medication(s) be given on field trips, as prescribed.
2. I release school personnel from liability in the event adverse reactions result from taking the medication(s).
3. I will notify Health Services of any change in the medication(s) i.e. dosage change, medication is discontinued, etc.
4. I give permission for the medication(s) to be given by school personnel as delegated by the school nurse.
5. If my child has any remaining medication(s) during or at the end of the school year, I authorize Health Services personnel to send it home with my child. I will notify Health Services if I prefer to pick up the medication(s) at school.

**NOTE:** Medication must be supplied in original/prescription bottle.

Parent/Guardian Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FOR RELEASE OF MEDICAL INFORMATION**

1. I give permission for Health Services personnel to communicate as needed, with school staff about my child's medical condition(s).
2. I give permission for Health Services personnel to consult with my child's healthcare provider about any questions regarding the listed medication(s) or medical condition(s) being treated by the medication(s).
3. I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medication conditions(s) to Health Services personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

I understand that this action plan may be revoked at anytime in writing, and expires in one calendar year.  
I authorize the above plan to be followed in school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Emergency Care Plan TAKE ON ALL FIELD TRIPS

☐ Attach a copy of Student Emergency Card

## DIAGNOSIS / CONDITION: **DIABETES**      ESSENTIAL STEPS INFORMATION SHEET

Observe/recognize signs/symptoms of low blood glucose; ask pupil to describe how he/she feels.  
(Pupil's known signs/symptoms are checked below)

### Mild Symptoms

- |   |  |
|---|--|
| <input type="checkbox"/> Headache             | <input type="checkbox"/> Numbness of lips/tongue |
| <input type="checkbox"/> Moist skin, sweating | <input type="checkbox"/> Irritability            |
| <input type="checkbox"/> Shakiness            | <input type="checkbox"/> Blurred vision          |
| <input type="checkbox"/> Pale skin            | <input type="checkbox"/> Crying                  |
| <input type="checkbox"/> Sudden hunger        | <input type="checkbox"/> Stomachache             |
| <input type="checkbox"/> Weakness, fatigue    |  |

### Moderate Symptoms

- |   |   |
|---|---|
| <input type="checkbox"/> Droopy eyelids, sleepy | <input type="checkbox"/> Loss of coordination |
| <input type="checkbox"/> Erratic behavior       | <input type="checkbox"/> Confusion            |
| <input type="checkbox"/> Slurred speech         |   |

## Algorithms for Blood Glucose Results

**CHECK BLOOD GLUCOSE** (Refer to appropriate procedures for further details)

### HYPOGLYCEMIA

#### Target Range: \_\_\_\_\_

Follow schedule for meals and snacks. If continues to be low, retest B.G. in 10 minutes.

#### Mild: < 80

- ☐ If 80 or above and student feels okay, may resume school activities. Provide treatment according to orders.
- ☐ If 80 or above and student is feeling "low," retest immediately.
  - If 80 or below, treat for "below 70."
  - If 81 or above, consult immediately with school nurse.

#### Emergency < 80 Measure

- ☐ Student is confused and unaware of surroundings.
  - Give glucose gel inside mouth cheek if conscious, if ordered/available.
- ☐ No glucose gel available and student becomes listless to unconscious.
  - Give emergency glucagon, if ordered/available. (Procedure on back)

### HYPERGLYCEMIA

Above: \_\_\_\_\_

#### If student feels okay:

1. Provide water if student is thirsty.
2. Provide additional treatment per ISHP (this may include insulin administration, ketone check and/or activity restriction).
3. May resume classroom activities.
4. Document action and provide copy to school nurse.

#### Student does not feel okay:

1. Call parents to pick up student.
2. Provide water if student is thirsty and/or has dry mucous membranes.
3. Provide additional treatment per ISHP (this may include insulin administration, ketone check and/or activity restriction).
4. Notify school nurse if there are further immediate concerns or questions. Document action and provide copy to school nurse.
5. For vomiting with confusion, labored breathing and/or coma:
  - Call 911    • Notify parents    • Contact school nurse

#### Plan initiated

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

#### Plan reviewed/updated

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

Nurse contact: \_\_\_\_\_

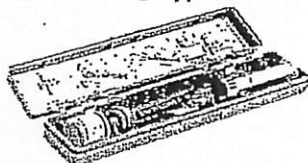
Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

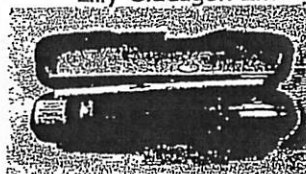
# GLUCAGON ADMINISTRATION

## A Guide for School Personnel

NovoNordisk GlucaGen®HypoKit™



Lilly Glucagon Emergency Kit™



### WHAT is GLUCAGON?

- Glucagon is a hormone made by the body

### WHY use GLUCAGON?

- Glucagon's primary effect is to raise blood glucose (blood sugar) levels by helping the liver produce more glucose

### WHEN to use GLUCAGON?

- Use ONLY when the person is unconscious or having a seizure
- Glucagon will most likely cause nausea and vomiting
- Have another adult call 9-1-1
- If alone, administer glucagon, then call 9-1-1

### HOW to use GLUCAGON?

- Open kit
- Remove the flip-top seal from the top of the glucagon vial
- Remove the needle cap from the syringe (keep plastic piece on plunger)
- Inject all of the sterile water from the syringe into the vial of glucagon (keep needle in vial)
- Gently swirl vial until the solution is clear (do not shake the vial)
- Draw all of solution from the vial into syringe

### WHERE to give GLUCAGON?

- TURN person on his/her side
- CLEAN injection site if possible
- INJECT the glucagon into the upper arm (deltoid) or leg (outer thigh)
- Preferably not through clothing, however can if necessary
- WITHDRAW the needle and apply pressure at the injection site
- Discard used syringe back in kit (do not recap)

### WHAT to do after giving GLUCAGON?

- EMT's should have arrived
- If not, call 9-1-1 for estimated time of arrival
- Give EMT the used GLUCAGON kit

### WHEN the person becomes conscious and is able to chew and swallow:

- The person should respond in 20 to 30 minutes
- If alert and talking, give a fast-acting sugar like fruit juice or regular soda
- Then give any type of milk (chocolate, whole, skim, etc)
- If available, give a protein like cheese and crackers or a meat sandwich

