

EMERGENCY CARE PLAN – DIABETES

Student Name _____ Birthdate _____ Grade/Teacher _____

School Name _____ School Year _____

Doctor Treating Diabetes _____ Phone# _____ Fax# _____

My child's diabetic reaction includes: Check all that apply and fill in blanks.

Low Blood Sugar (Hypoglycemia)	General Care for Low Blood Sugar (Carbohydrates and Glucagon Raises Blood Sugar)
<p>Symptoms may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blurred vision <input type="checkbox"/> Dizziness <input type="checkbox"/> Fast heartbeat <input type="checkbox"/> Fatigue <input type="checkbox"/> Headache <input type="checkbox"/> Hunger <input type="checkbox"/> Irritability <input type="checkbox"/> Personality change <input type="checkbox"/> Sweating <input type="checkbox"/> Trembling <input type="checkbox"/> Weakness <input type="checkbox"/> Slurred speech <input type="checkbox"/> Inattentive/spacey <input type="checkbox"/> Flushed/hot <input type="checkbox"/> Other: _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Students with low blood sugar or feel like they are low should always have another person with them if leaving classroom.</p> </div>	<p>1. Test blood sugar, if below _____mg/dL, then:</p> <ul style="list-style-type: none"> a. Give _____grams of quick acting sugar (Ex. juice, glucose tablets) b. Retest blood sugar in 10 to 15 minutes <ul style="list-style-type: none"> i. If blood sugar is below _____mg/dL, repeat treatment of quick acting sugar and retesting blood sugar until blood sugar is above _____mg/dL <ul style="list-style-type: none"> • No exercise or activity <input type="checkbox"/> Call parent <input type="checkbox"/> Other: _____ ii. If blood sugar is above _____ mg/dL <ul style="list-style-type: none"> <input type="checkbox"/> Resume normal activities <input type="checkbox"/> Call parent <input type="checkbox"/> Give student _____grams of carbohydrate snack <input type="checkbox"/> Other: _____ <p>*Refer to child's Diabetic Management Plan for specifics</p> <ul style="list-style-type: none"> • Call 911 and Administer Glucagon if one or more: <ul style="list-style-type: none"> • Student unable to swallow • Student is unconscious • Having a seizure or convulsion • No pulse and/or breathing–Start CPR immediately <input type="checkbox"/> Other: _____

High Blood Sugar (Hyperglycemia)	General Care for High Blood Sugar (Insulin and Exercise Lowers Blood Sugar)
<p>Symptoms may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blurred vision <input type="checkbox"/> Drowsiness <input type="checkbox"/> Extreme thirst <input type="checkbox"/> Frequent urination <input type="checkbox"/> Heavy, labored breathing <input type="checkbox"/> Hunger <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Stomachache <input type="checkbox"/> Sweet, fruity breath <input type="checkbox"/> Tiredness/fatigue <input type="checkbox"/> Other: _____ 	<p>1. Test blood sugar, if above _____mg/dL, then:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact parents <input type="checkbox"/> Administer insulin per Diabetic Management Plan <input type="checkbox"/> Check ketones in urine <input type="checkbox"/> No exercise if ketones are present <input type="checkbox"/> Water and bathroom access <input type="checkbox"/> Other: _____ <p>*Refer to child's Diabetic Management Plan for specifics</p> <ul style="list-style-type: none"> • Call 911 if one or more: <ul style="list-style-type: none"> • Labored breathing • Weakness • Confused • Unconscious • No pulse and/or breathing–Start CPR immediately <input type="checkbox"/> Other: _____

EMERGENCY CARE PLAN – DIABETES CONTINUED

Student Name _____

Exercise and Sports:

1. Student can participate in physical activity when blood glucose is between _____ mg/dL and _____ mg/dL and urine is without ketones.
2. Student should have fast acting sugar before physical activity:
 - Yes, if blood sugar is below _____ mg/dL
 - Other: _____

Snacks and Treats:

1. Student can independently have snacks and treats: Yes No
 - a. If no, student should:
 - Take snack or treat home
 - Student is to only have snacks or treats provided by parent/guardian
 - Go to office prior to eating snack and follow physician's order
 - Contact parents prior to eating for direction
 - Other: _____

Insulin and Carbohydrate Counting:

1. Student can independently administer insulin without staff supervision: Yes* No
 - a. How is the insulin delivered: By insulin pen Vial and syringe Insulin pump
 - b. Where is the insulin located: Pump on body Student's locker Office Other: _____
 2. Student can independently count carbohydrates and determine insulin dose: Yes* No
- *Physician must provide documentation student is capable of independent activities

Field Trips:

Staff must notify office staff of upcoming field trip as soon as possible to allow office staff to create pack with diabetic supplies needed. Staff should never take student off campus without receiving proper supplies first.

Bathroom and Water Access:

Allow student to use bathroom and have access to water as needed or requested by student. If student is feeling low or has a low blood sugar always send another person with student if leaving the classroom.

Transportation:

1. Student will: Walk to school Walk home after school Will ride school bus
 Be driven to school Will be picked up after school Drives self to and from school
2. Check student's blood sugar prior to dismissal: Yes No
 - If blood sugar is below _____ mg/dL then give _____ grams of carbohydrates
 - Recheck blood sugar in 15 minutes, if above _____ mg/dL ok to send home.
If below _____ mg/dL call parent
 - Do not let the student walk, drive or ride the bus if blood sugar is below _____ mg/dL. Call parent

We recommend that students with Diabetes wear a Medic-Alert bracelet/pendant at all times.

School Nurse Signature _____ Date Reviewed _____