Diabetic Emergency Plan
Diabetes (Juvenile Onset) is a condition in which the body cannot use or does not produce enough insulin. Without insulin the body cannot use the blood sugars that are the result of food digestion and provide the energy for our body's cells. As a consequence, high levels of sugar build up in the blood stream. Diabetes results in too much sugar in the blood (hyperglycemia) and too little sugar for the body's cells. Insulin is given to correct high blood sugars but this can also cause all the sugar in the bloodstream to be used up leaving no energy for body's cells and vital organs (hypoglycemia). Hypoglycemia can be life threatening, as the brain's only energy source is blood sugar.

The purpose of the Policy is to provide the school nurse with a standard by which to respond to this life-threatening event if the person has a diagnosed history of diabetes and no individual specific Emergency Protocol is in place.

Symptoms of hypoglycemia include:

Early Symptoms: Paleness, Sleepiness, Headache, Decreased ability to concentrate, Shakiness, Hunger, Tingling, Dizziness, Slurred Speech, Sweating

Late Symptoms: Confused mood/mood change, Poor coordination, Blurred vision, Staggering
Advanced Symptoms: Coma, Seizures/Convulsions, Disorientation

Diabetic Emergency Procedures
If you suspect a diabetic hypoglycemic reaction, you must take action immediately.

1) If the student is the student is conscious and alert (able to swallow), give a food item high in sugar such as:
   - 6 oz of sugared soda
   - ½ to 2/3 cup of sweetened fruit juice
   - 3 – 4 B-D glucose tablets
   - 1 candy bar or other bar as provided by student
   - 1 tube of glucose emergency gel
   - 1 tube of cake mate decorating frosting

2) If the student is unconscious, cannot safely swallow, or is having a seizure:
   - CALL 911
   - Turn student on his or her side to prevent choking
   - Administer glucagon according to the instructions in the glucagon emergency kit. Do not prepare the Glucagon for injection until you are ready to use it. The student may be in a coma from severe hyperglycemia (high blood glucose) rather than hypoglycemia. In such a case, the patient will not respond to glucagon and still requires immediate medical attention. Each diabetic student will provide an emergency glucagon kit.

Administration of Glucagon
1) Remove the flip-off seal from the bottle of glucagon. Wipe the rubber stopper on the bottle with an alcohol swab.
2) Remove the needle protector from the syringe, and inject the entire contents of the syringe into the bottle of glucagon. DO NOT REMOVE THE PLASTIC CLIP FROM THE SYRINGE. Remove the syringe from the bottle.

3) Swirl the bottle gently until glucagon dissolves completely. GLUCAGON SHOULD NOT BE USED UNLESS THE SOLUTION IS CLEAR AND OF A WATER-LIKE CONSISTENCE.
4) Using the same syringe, hold bottle upside down and, making sure the needle tip remains in solution, gently withdraw all of the solution (1 mg mark on syringe) from bottle. The plastic clip on the syringe will prevent the rubber stopper from being pulled out of the syringe; however, if the plastic plunger rod separates from the rubber stopper, simply reinsert the rod by turning it clockwise. The usual adult dose is 1 mg (1 unit). DISCARD UNUSED PORTION.
5) Cleanse injection site on buttock, arm, or thigh with alcohol swab.
6) Insert the needle into the loose tissue under the cleansed injection site, and inject all of the glucagon solution. THERE IS NO DANGER OF OVERDOSE. Apply Reviewed 08/13 pressure at the injection site and withdraw the needle. Press an alcohol swab against the injection site.
7) Turn the patient on his/her side. When an unconscious person awakens, he/she may vomit. Turning the patient on his/her side will prevent him/her from choking.
8) Notify parent/guardian immediately.

_____ _____

Lori J. Herringa, RN Date
School Nurse

_____

Medical Consultant's Name (Print)

_____ _____

Medical Consultant's Signature Date