

# DIABETES - Emergency Action Plan

## Student Information

**Student Name:** CedarTrain Sample41  
**Birth Date:** 05/18/2008  
**Address:** 1234 Candy Cane Lane  
**Parent:** First Last  
**PH#:** Primary  
**ALT PH#:**  
**Grade:** Tenth grade  
**School:** Cedar Springs High School

**Plan Date:** 05/18/2024  
**Doctor:** HDVCH Pediatric Diabetes & Endocrinology  
**Doctor's Location:** HDVCH Pediatric Diabetes & Endocrinology: 35 Michigan St NE, Ste 1800, Grand Rapids, MI 49503  
**Doctor's Phone:** 616-391-3933  
**Doctor's Fax:** 616-391-8853  
**Teacher:** Teacher

## Allergies and Health Concerns

**Allergies:** Known Drug Allergies

**Additional Health Concerns/Medical Diagnosis:** All pertinent medical information:

---



---



---

Emergency Contact Name	Phone Number	Alt Phone Number
------------------------	--------------	------------------

## Warning Symptoms

Describe "typical" warning symptoms for this student:

---



---



---

### Low Blood Sugar:

- Hungry
- Shaky
- Pale
- Sweaty
- Tired/Sleepy
- Tearful/Crying
- Dizzy
- Irritable
- Unable to Concentrate

### High Blood Sugar:

- Thirsty
- Frequent Urination
- Fatigued/Tired/Drowsy
- Headache
- Blurred Vision
- Warm/dry/flushed skin
- Abdominal Discomfort
- Nausea/Vomiting
- Fruity Breath

- Confusion
- Unaware
- Personality Changes
- Unaware

## Emergency Care

1. Do not leave student alone.
2. Assess for symptoms and test blood sugar if glucometer available.
3. Provide care based on blood sugar and/or symptoms:
4. **Low Blood Sugar < 80:**
  1. If student is unconscious DO NOT give food or drink. Immediately call MERT ( ) and 911, give glucagon located in and notify the parent.
  2. If BS < 70 (or 70-80 with symptoms), give 0 grams of carbohydrates. Student prefers: Fix snack
  3. If BS < 50, give 30 grams of carbohydrates.
  4. Wait 15 minutes quietly. Repeat blood sugar and assess for symptoms.
  5. If BS not over 70, repeat above process until > 70
  6. If no improvement, call school nurse (Megan Dailey BSN, RN) and inform parent.
5. **High Blood Sugar > 300**
  1. Test urine for ketones:
    - If negative for ketones: allow exercise and stay in school
    - If positive for ketones: DO NOT allow exercise, DO NOT give insulin through pump, call School Nurse
  2. Encourage drinking extra water.

## Transportation and Field Trips

Unlicensed Trained Staff need to accompany on field trip.

During field trips, provide care as described EXCEPT:

**School Nurse:** Megan Dailey  
BSN, RN

**Phone:** 616-696-1204 ext 1043  
**Phone:**

**Alternate Phone:** 616-696-  
1200 ext 7927

**Back up Nurse:**

**Alternate Phone:**

# DIABETES - Individualized School Healthcare Plan

**Student Name:** CedarTrain Sample41

**Birth Date:** 05/18/2008

**Diabetes** is one of the most common chronic diseases of school-age children. There are an increasing number of children with diabetes who require accommodations during the school day to do blood glucose testing, have between meal snacks, and take insulin injections or make insulin pump adjustments. Self-management by the child of his/her disease is an important component of that control. Diabetes is NOT a communicable or contagious disease. Diabetes is a chronic disorder that can result in long-term complications such as damage to the eyes, kidneys, and vascular and nervous systems if not managed properly. There are two types of diabetes: Type 1 diabetes usually has a rapid onset and is caused by an autoimmune disorder in which the insulin-producing cells of the pancreas are destroyed. People with Type 1 diabetes must take insulin injections (via syringe, injection pen, or pump) every day. Type 2 diabetes usually has a gradual onset and is caused by an insufficient production of insulin by the body or an inefficient usage of insulin by the body's cells. People with Type 2 diabetes may take insulin injections, take oral medication, follow a meal plan, and engage in physical activity to control his/her blood glucose levels, or any combination of these methods.

1. Follow Diabetes Management Plan from the doctor.

- o Diabetes Management plan is available and attached: No
- o Medication/Treatment order is available and attached: No
- o Treatment Schedule at School:

---



---



---

2. Other Considerations

---



---



---

3. Present Level of Functioning

Student is:

- o able to recognize and communicate symptoms of Hypoglycemia: No
- o able to recognize and communicate symptoms of Hyperglycemia: No
- o able to independently test blood sugar: No
- o able to count carbohydrates: No
- o able to self administer insulin when needed: No

4. List school staff that are trained to follow emergency procedures:

---



---



---

5. Nursing Goals:

---



---



---

**Care Plan developed on:** 05/18/2024

**Does this student need a Plan of Care for medical supports?**  Yes  No

**School Nurse:** Megan Dailey  
BSN, RN

**Phone:** 616-696-1204 ext 1043

**Alternate Phone:** 616-696-  
1200 ext 7927