☐ Bus Rider: #_____
☐ Car Rider

_____'s Diabetes Emergency Action Plan

Student's Name

Student's Date of Birth:_____

School:_____ Teacher:_____ Grade:_____

1) Parent/Guardian:_____ Phone: (w)_____ (c)_____ (h) _____

2) Parent/Guardian:_____ Phone: (w)_____ (c)_____ (h)_____

3) Emergency contact:_____ Phone: (w)_____ (c)_____ (h)_____

Physician:_____ Phone:_____ Fax:_____

Diabetes can cause blood sugar to go up or down

Hyperglycemia (High Blood Sugar)

Not enough insulin in the body to allow sugar to be used

- Excessive thirst
- Frequent urination
- Confusion
- Tired, sleepy
- Blurred vision
- Excessive hunger
- Fruity odor to breath
- Fatigue, weakness
- Trouble concentrating
- Nausea, vomiting

Hypoglycemia (Low Blood Sugar)

Usually happens before lunch or after exercise

- Weakness, fatigue
- Feeling faint
- Dizziness
- Shaky, trembling
- Nausea
- Rapid pulse
- Excessive hunger
- Abdominal pain
- Confusion, Headache
- Anxious, Irritability
- Sweaty, Pale color
- Slurred speech

First Aid for High Blood Sugar or Low Blood Sugar

Hyperglycemia (High Blood Sugar)

1. Check the blood sugar if signs & symptoms occur.
2. Check Urine for Ketones if BS above _____
3. Stay with child continuously
4. Provide water to drink, allow unlimited use of bathroom
5. Call parent if:
   - blood sugar is above _____
   - ketones are ☐ moderate or ☐ high
   - experiencing nausea/vomiting
6. Administer insulin per physician's order(see insulin administration orders)
7. Recheck blood sugar in _____minutes and at _____ intervals.
8. Call 911 if:
   - child loses consciousness
   - unable to reach parent and symptoms worsen
9. Stay with child continuously.

ADDITIONAL PUMP INSTRUCTIONS

- Check pump function
- Check pump site
- Check tubing
- Treat for Hyperglycemia as above

_____Parent initials

ADDITIONAL INFORMATION_____

Hypoglycemia (Low Blood Sugar)

1. Check blood sugar if signs & symptoms occur.
2. Stay with the child continuously.
3. Give the carbohydrate (fast sugar) supplement ordered by the physician if blood sugar is less than _____ and child is conscious, cooperative, and able to swallow.
   - Give _____grams of carbohydrate. Examples:_____
4. Check blood sugar every 15 minutes until BS is _____.
   - If blood sugar does not improve, give fast sugar/carb again.
   - When symptoms improve, provide an additional snack of _____ .
   - If still no improvement after giving (2) two fast sugars over 30 min. call parent to pick up child.
5. Call 911 and then parent/ guardian if:
   - the child's symptoms do not subside
   - the child loses consciousness or has a seizure
   - unable to reach parent and symptoms worsen
6. Give Glucagon ____ mg injection if child is unconscious, experiences a seizure or is unable to swallow. (Place student in a side lying position.)
7. When conscious and able to swallow, may give 4 oz. of juice before EMS arrives.

ADDITIONAL PUMP INSTRUCTIONS:_____

_____

_____Parent initials

ADDITIONAL INFORMATION_____

Diabetes Management at School

Blood Glucose Monitoring
Due to the variety of glucose meters, follow the manufacturer's instructions carefully.

Target Blood Sugar Range: _____ mg/dl to _____ mg/dl
Usual times to check blood sugar: ☐ Before snack ☐ Before lunch ☐ Before PE ☐ After recess/PE ☐ Other
Can the child check his/her own blood sugar? ☐ Yes ☐ No ☐ With Assistance
Can the child check his/her own ketones: ☐ Yes ☐ No ☐ With Assistance
Check for ketones if blood sugar is above _____ mg/dl

Insulin
Does student require assistance with carbohydrate counting?
☐ Yes ☐ No
Can child give his/her own injections and/or operate pump?
☐ Yes ☐ No ☐ With Assistance

Types of insulin taken: _____ via: ☐ Pen ☐ Pump ☐ Injection
Usual times of insulin injections: _____ Basal Rate if on pump: _____
Amount of insulin to give: _____ (If a sliding scale is used, physician must order below.)

Giving Insulin

Pumps:
Does student know how to:
Change tubing ☐ Yes ☐ No
Change batteries ☐ Yes ☐ No
Change insulin cartridge ☐ Yes ☐ No
Decide bolus amt ☐ Yes ☐ No
Give bolus ☐ Yes ☐ No

1) Using the glucose meter, check the blood sugar.
2) Document blood sugar on log and notify parent/guardian as indicated under First Aid for hypoglycemia or hyperglycemia.
3) Administer insulin using following calculations (sliding scale plus ratio amount):

Units of Insulin to Give Based on Sliding Scale of Blood Sugar Reading	PLUS*	Carbohydrate/Insulin Ratio
Blood Sugar 150-200 = ____ Units		Ratio: _____ Units insulin per _____ Carbs
Blood Sugar 201-250 = ____ Units		
Blood Sugar 251-300 = ____ Units		
Blood Sugar 301-350 = ____ Units		
Blood Sugar 351-400 = ____ Units		
Blood Sugar > 401 = ____ Units	** IF GREATER THAN _____ CALL PARENT/ GUARDIAN**	

Qualified Staff
DCM or trained by RN

Staff qualified to use glucose meter: _____
Staff qualified to give insulin injections and/or operate pump: _____

Supplies Location

Diabetes care supplies are kept: _____
Supplies of snack foods kept : _____
Additional **(emergency)** supplies are kept: _____

Food and Exercise

Meals/Snacks	Time	Food Content / Amount
Breakfast	_____	_____
Mid-Morning	_____	_____
Lunch	_____	_____
Mid-Afternoon	_____	_____
Before Exercise	_____	_____
After Exercise	_____	_____
Other	_____	_____

Preferred Snacks:

Foods to Avoid:

Other exercise/activity instructions: _____

Exercise and Sports or Activity Limits (including any school sponsored event)

Child should not participate in active play/exercise if blood sugar is below _____mg/dl or above _____mg/dl.
Physical activity restrictions / limitations / accommodations: _____

Physician's Order Required

This diabetic management plan has been approved by:

_____ _____to_____

Physician Signature | Effective Dates

Parent Signature Required

_____ _____

Parent Signature | Date

Nurse Signature Reviewed

_____ _____

Nurse Signature | Date