EMERGENCY ACTION PLAN DIABETES



STUDENT NAME:	DOCTOR:		
ADDRESS:	PH #:	FAX:	
PARENT:	HOSP:		
PH #: WK PH #:	DOB:		
SCHOOL:TEACHER:		GRADE:	
ALLERGIES:			
MEDICATIONS:			
HEALTH CONCERNS/MEDICAL DX:			
1. EMG. CONTACT:	PH#	WK PH#	
2. EMG. CONTACT:	PH#	WK PH#	
3. EMG. CONTACT:	PH#	WK PH#	
Describe "typical" warning symptoms for student:			
Warning Symptoms Low Blood Sugar High Blood Sugar			
☐Shaky, dizzy, faint		n, frequent urination	
☐ Cold, sweaty, pale ☐ Weakness, irritability			
☐ Hard to concentrate, headache ☐ Sickly sweet breath odor			
☐ Hunger, grouchy ☐ Heavy, labored breathing ☐ Loss of appetite, nausea/vomiting			
☐Sleepy, unsteady gait, slurred speech	Blurred vision	ladoca/vormang	
Emergency Care			
1) Do not leave student alone.			
Assess for symptoms and test blood sugar if glucometer availableProvide care based on blood sugar and/or symptoms:			
Low Blood Sugar <80			
4) If student is unconscious DO NOT give food or drink. Immediately call MERT and 911, give glucagon located in			
and notify the parent. (Complete an Accident/Incident Report if 9-1-1 is called) 5) If BS <70 (or 70-80 with symptoms), give 15 grams of carbohydrates i.e. 4 oz juice or regular pop, 4 glucose tabs, 15			
Skittles, 3 rolls of Smarties, or 4 Starbursts			
 6) If BS <50, give 30 grams of carbohydrates i.e. 8 oz juice or regular pop, 30 Skittles, 6 rolls of Smarties 7) Wait 15 minutes quietly. Repeat blood sugar and assess for symptoms. 			
8) If BS not over 70, repeat above process until >70			
9) If no improvement, call school nurse () and inform parent.			
High Blood Sugar >			
4) Test urine for ketones			
a) If negative for ketones: allow exercise and stay in school			
b) If positive for ketones: DO NOT allow exercise, DO NOT give insulin through pump, call School Nurse5) Encourage drinking extra water			
Transportation and Field Trips			
Unlicensed Trained Staff need to accompany on field trip: Yes			
During field trips provide care as described EXCEPT:			
Nurse Signature	Date		

Individualized Treatment Plan Diabetes



Student Name:	DOB	:
Diabetes is one of the most common chronic diseases of children with diabetes who require accommodations during meal snacks, and take insulin injections or make insulin produced disease is an important component of that control. Diabet chronic disorder that can result in long-term complications nervous systems if not managed properly. There are two and is caused by an autoimmune disorder in which the in Type 1 diabetes must take insulin injections (via syringe, gradual onset and is caused by an insufficient production body's cells. People with Type 2 diabetes may take insuling engage in physical activity to control his/her blood glucos. 1. Follow Diabetes Management Plan from the doct	ng the school day to do pump adjustments. Sees is NOT a communt is such as damage to be types of diabetes: Typus sulin-producing cells of injection pen, or pump of insulin by the body in injections, take orale levels, or any combor:	o blood glucose testing, have between elf-management by the child of his/her icable or contagious disease. Diabetes is a the eyes, kidneys, and vascular and pe 1 diabetes usually has a rapid onset of the pancreas are destroyed. People with o) every day. Type 2 diabetes usually has a or an inefficient usage of insulin by the medication, follow a meal plan, and
 Diabetes Management plan is available a Medication/Treatment order is available a 		
 Treatment Schedule at School: 		
2. Other Considerations		
3. Present Level of Functioning		
Student is:	ntomo of Hunoalyoom	io. No
able to recognize and communicate sympleable to recognize and communicate symple		
able to independently test blood sugar: Nable to count carbohydrates: No	0	
o able to self administer insulin when need	ed: No	
4. School Staff trained to follow emergency procedu	ıres:	
5. Goals:		
Care Plan developed on		
Care Plan developed on School Nurse	Pager	Phone
Back up Nurse	Pager	
Supervisor Name	Pager	Phone