DIABETES - Emergency Action Plan (EAP) Utah Department of Health & Human Services	School Year:	Picture

STUDENT INFORMATION			
Student:	DOB:	Grade:	School:
Parent:	Phone(s):		Email:
Physician:	Phone:		Fax or email:
School Nurse:	School Phone:		Fax or email:

When Blood Glucose is in Target Range (or between _____ and _____)

Student is fine

HYPOGLYCEMIA – When Blood Glucose is Below 80 (or below _____)

Causes: too much insulin; missing or delaying meals or snacks; not eating enough food; intense or unplanned physical activity; being ill.

Onset: sudden, symptoms may progress rapidly

MILD OR MODERATE **HYPOGLYCEMIA** Please check previous symptoms			SEVERE **HYPOGLYCEMIA** Please check previous symptoms
☐ Anxiety	☐ Hunger	☐ Shakiness	☐ Combative
☐ Behavior change	☐ Headache	☐ Slurred speech	☐ Inability to eat or drink
☐ Blurry Vision	☐ Irritability	☐ Sweating	☐ Unconscious
☐ Confusion	☐ Paleness	☐ Weakness	☐ Unresponsive
☐ Crying	☐ Personality change	☐ Other:	☐ Seizures
☐ Dizziness	☐ Poor concentration		☐ Other:
☐ Drowsiness	☐ Poor coordination		

ACTIONS FOR MILD OR MODERATE **HYPOGLYCEMIA**	ACTIONS FOR SEVERE **HYPOGLYCEMIA**
1. Give student 12-18 grams fast-acting sugar source* 2. Wait 15 minutes. 3. Recheck blood glucose. 4. Repeat fast-acting sugar source if symptoms persist OR blood glucose is less than 80 or _____ 5. Other: *FAST ACTING SUGAR SOURCES (12-18 grams carbohydrates): 3-4 glucose tablets **OR** 4 ounces juice **OR** 0.9 ounce packet of fruit snacks	1. Don't attempt to give anything by mouth. 2. Position on side, if possible. 3. Contact trained diabetes personnel. 4. Administer glucagon, if prescribed. **5. Call 911**. Stay with student until EMS arrives. 6. Contact parents/guardian. 7. Stay with student. 8. Other:

PRE-MEAL MILD HYPOGLYCEMIA

If blood glucose is less than 65 mg/dL, keep the student with an adult and treat hypoglycemia. Continue treating until glucose is equal to or greater than 65 mg/dL.

If blood glucose equal to or greater than 65 mg/dL, but still considered hypoglycemic based on student's target, dose for all but 15 grams of carbohydrates.

After treating hypoglycemia, if glucose is within student's target range, administer insulin for all carbohydrates.

Never send a student with suspected low blood glucose anywhere alone!!!

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Diabetes Emergency Action Plan (EAP)

Student Name:	**DOB:**	**School Year:**

HYPERGLYCEMIA - When Blood Glucose is over 250 (or above _____)

Causes: too little insulin; too much food; insulin pump or infusion set malfunction; decreased physical activity; illness; infection; injury; severe physical or emotional stress.

Onset: over several hours or days.

MILD OR MODERATE **HYPERGLYCEMIA** Please check previous symptoms		SEVERE **HYPERGLYCEMIA** Please check previous symptoms	
☐ Behavior Change ☐ Blurry Vision ☐ Fatigue/sleepiness ☐ Frequent Urination	☐ Headache ☐ Stomach pains ☐ Thirst/dry mouth ☐ Other:	☐ Blurred vision ☐ Breathing changes (Kussmaul breathing) ☐ Chest pain ☐ Decreased consciousness ☐ Increased hunger	☐ Nausea/vomiting ☐ Severe abdominal pain ☐ Sweet, fruity breath ☐ Other:

ACTIONS FOR MILD OR MODERATE **HYPERGLYCEMIA**	ACTIONS FOR SEVERE **HYPERGLYCEMIA**
☐ Allow liberal bathroom privileges. ☐ Encourage student to drink water or sugar-free drinks. ☐ Administer correction dose if on a pump. ☐ Contact parent if blood sugar is over _____ mg/dl. ☐ Other:	☐ Administer correction dose of insulin if on a pump ☐ Call parent/guardian. ☐ Stay with student ☐ Call 911 if patient has breathing changes or decreased consciousness. Stay with student until EMS arrives ☐ Other:

INSULIN PUMP FAILURE (please indicate plan for insulin pump failure)

☐ NA/not on an insulin pump ☐administer insulin via syringe/vial or pen
☐ parent to come and replace site ☐ School nurse can replace site (only if previously trained)
☐ student can replace site alone or with minimal assistance ☐ Other (specify):

PARENT SIGNATURE

I have read and approve of the above emergency action plan.

Parent:	Signature:	Date:
Emergency Contact Name:	Relationship:	Phone:

SCHOOL NURSE

Diabetes medication and supplies are kept: ☐Student carries ☐ Backpack ☐ Classroom ☐ Health Office ☐ Front office ☐ Other (specify):

Glucagon kept:
☐ Student carries ☐ Backpack ☐ Classroom ☐ Health Office ☐ Front office ☐ Other (specify):
☐ No Glucagon at school

Copies of EAP (this form) distributed to 'need to know' staff: ☐ Classroom Teacher(s) ☐ Lunchroom
☐ PE Teacher(s) ☐ Office staff/administration ☐ Transportation ☐ Other (specify):

School Nurse Signature:	**Date:**

Addendum: