

Diabetes Emergency Action Plan

Student's Name: _____ Birthdate: _____ Student #: _____

Parent/Guardian: (Home) (Work) (Cell)

Mother:

Father:

Other emergency

Contact:

Physician sees for diabetes: _____ Phone: _____

Preferred Hospital: _____

Daily Medications:

Mild to Moderate Hypoglycemia

Signs and Symptoms

- Behavior changes may include:
 - acting quiet and withdrawn
 - being stubborn or restless
 - tantrums of sudden rage
 - confusion
 - inappropriate emotional responses (eg: laughter, crying)
 - poor concentration or day dreaming
- Shakiness
- Sweatiness
- Headache
- Dizziness
- Pallor
- Increased Heart Rate
- staggering walk
- uncontrollable crying episode
- slurred speech
- blank stare
- refusal to take anything by mouth

Treatment

- If you don't know what the blood sugar is, treat the symptoms.
- Give the child some quick-acting sugar such as:
 - 2 – 4 glucose tablets
 - 3 – 4 ounces of juice
 - 6 – 8 ounces of REGULAR pop
 - 6 – 8 ounces Milk
 - If the child has difficulty drinking but is able to swallow, slowly squeeze cake icing (gel type) or glucose gel to inside of the child's cheek – even if the child resists. Rub the cheek gently to make sure sugar is being absorbed.
- Check the blood sugar 10 -20 minutes after treatment. If the blood sugar result is less than 80, or if the child still has symptoms, repeat the quick sugar treatment and blood sugar testing cycle until the child is symptom free and the blood sugar result is above 80.
- When the child feels better and the blood sugar result is above 80, give additional snack if next meal is more than 30 minutes away and/or if the child will be participating in active play/ sports following this low blood sugar episode.
- The child may return to class after the blood sugar is above 80 and the child is symptom free.
- Notify parent as soon as possible

Student's Name: _____

Severe Hypoglycemia

- unconscious
- unresponsive
- convulsion-like movement
- failure to respond to cake icing (gel type) or glucose gel
- Be sure child is lying down in a safe area protected from head and bodily injury.
- Position the child on his/her side
- Call 911
- Inject glucagon if ordered/available. (RN only, if a registered nurse is unavailable to administer, 911 should be called)
- Please note that as the child regains consciousness, nausea and vomiting may occur
- Notify parents as soon as possible

Hyperglycemia

- loss of appetite
- increased thirst
- frequent urination
- tiredness, sleepiness
- loss of appetite
- inattentiveness
- rapid breathing
- fruity odor to the breath
- If the student has warning signs of high blood sugar, check the blood sugar.
- If blood sugar is over 240, check urine ketones.
 - Negative to small: give lots of fluids (sugarfree such as water or diet pop)
 - Moderate to large: call parent/diabetes physician (an order from physician for extra short acting insulin may be given.)
- NEVER WITHHOLD FOOD FOR HIGH BLOOD SUGAR!
- Notify parent

DOSAGE:

Glugagon: inject intramuscularly (circle which applicable) 1.0 mg or 0.5 mg

Insulin: (Please note: If additional insulin needs to be given for hyperglycemia, please attach glucose ranges and ordered doses to this plan.)

Doctor's Signature _____ Date _____
(Required)

Parent Consent for Management of Diabetes at School

I, the parent or guardian of the above named student, request that this emergency action plan be used to guide diabetes care for my child. I agree to:

1. Provide necessary supplies and equipment.
2. Authorize the school nurse, or trained diabetes personnel, to perform emergency blood glucose testing.
3. Notify the school nurse of any changes in the student's health status.
4. Notify the school nurse and complete new consent for changes in orders from the student's health care provider.
5. Authorize the School Nurse to communicate with the primary care provider/specialist about my student's diabetes as needed.
6. School staff interacting directly with my child may be informed about his/her special needs while at school.

Parent/Guardian Signature _____ Date _____