



School Year \_\_\_\_\_

To Be Returned to the School Nurse

**DIABETES EMERGENCY ACTION PLAN**

Student name \_\_\_\_\_ Program \_\_\_\_\_ DOB \_\_\_\_\_

Type of Diabetes: \_\_\_\_\_ Age At Onset: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Assistance/Supervision Needed: \_\_\_\_\_

Special Instructions/Other: \_\_\_\_\_

**General principles/information:**

- Diabetes is characterized by high blood sugar caused by insufficient insulin production or resistance to insulin metabolism. Blood sugar levels are regulated by oral medication, injected medication and dietary control of carbohydrates. Blood sugar levels must be monitored and may fluctuate high (Hyperglycemia) or low (Hypoglycemia).
- Never send a student experiencing problems anywhere alone.
- Allow water in class, restroom when requested and to the Nurse with assistance as needed. Call Office/333 for assistance.
- Follow Medication/Medical Orders.

**IF YOU SEE THIS:**

Low Blood Sugar/Hypoglycemia (<70)

\*Rapid Onset

Cause:

- too much insulin
- not eating enough food
- Unusual amount of exercise, delayed meal

Symptoms

- excessive sweating, shaky, weak.
- headache
- pounding heart, trembling, impaired vision
- hunger
- not able to awaken
- irritable personality change
- confused

**DO THIS:**

- test blood sugar as soon as possible.
  - follow medical orders
  - give glucose tablets or juice as per orders .If unavailable, give sugary drink
  - do NOT give fluids if unresponsive
  - notify authority & parent
1. do not leave alone
  2. position unresponsive patient on side
  3. retest after 10 minutes
  4. call 911 as needed
  5. stay with student
  6. contact parent/guardian
  7. give glucagon if ordered
  8. may return to classroom when blood sugar rises and recovered

**IF YOU SEE THIS:**

**High Blood Sugar/Hyperglycemia (>300)**

- Slow Onset

Cause:

- too little insulin
- failure to follow diet
- infection, fever

Symptoms

- increased thirst and urination
- weakness, abdominal pain
- loss of appetite, nausea, vomiting
- heavy labored breathing
- breath may smell sweet/fruity

May return to classroom when: \_\_\_\_\_

Other: \_\_\_\_\_

**DO THIS:**

1. test sugar level as soon as possible.
2. follow medical orders
3. test ketones as ordered
4. give insulin per order
5. give water, sugar free liquids
6. notify parent/guardian
7. refer to medical care as needed or if parent cannot be reached. If vomiting or lethargy, position them on their side
8. stay with student
9. may return to class when \_\_\_\_\_

Other: \_\_\_\_\_

**PLEASE SEE BACK SIDE OF FORM**

**CALL 911 IF:**

Unresponsive/Lethargy

Seizure

Difficulty breathing

Unstable vital signs (blood pressure, pulse, fever)

This information may be shared with appropriate staff.

Nurse Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date \_\_\_\_\_

Additional [forms@lcjvs.com](mailto:forms@lcjvs.com)>forms or nurse.