Diabetes Emergency Response Plan

Student Name ___________________________  Chart # ___________
School _______________________________  Grade _________

Mild Low Blood Sugar

Treat when blood sugar is below _________

Symptoms: (circle all that apply) hunger, irritability, shakiness, sleepiness, sweating, pallor, lack of cooperation, behavior changes
Additional symptoms: ____________________________________________

Treatment: ** Never leave the student unattended. If treatment is to be provided in the Health Room, a responsible adult should accompany the student from the classroom to the Health Room.

- Test blood sugar. If test equipment unavailable, treat immediately for low blood sugar.
- If blood sugar is below _________, give ½ cup of juice, regular soda or 3-4 glucose tablets.
- Wait 10–15 minutes. Recheck blood sugar. If blood sugar below _________, repeat juice, soda or glucose tablets as above.
- If blood sugar above _________, give snack or lunch. Make sure student is stable before sending to lunch.
- Notify school nurse and parent.

Comments: ____________________________________________

Moderate Low Blood Sugar

Symptoms: (circle all that apply) symptoms of mild low blood sugar, plus may be disoriented, combative or incoherent
Additional symptoms: ____________________________________________

Treatment: **

If conscious but unable to effectively drink fluids:
- Give ¼ to 1 tube of glucose gel, or ½ to 1 tube of cake decorating gel.
- Place between cheek and gum with head elevated. Massage outside of cheek to facilitate absorption through the membrane of the cheek. Encourage student to swallow.
- Recheck blood sugar in 10 minutes. If still below _________, re-treat as above.
- Give snack when alert and able to swallow without difficulty.
- Notify school nurse and parents.

Comments: ____________________________________________
### Severe Low Blood Sugar

**Symptoms:** (circle all that apply) Seizures, loss of consciousness, inability/unwillingness to take gel or juice  
**Additional Symptoms:**

**Treatment:**
- Stay with student.
- Position student on side.
- Give glucagon by injection; dose _______.
- Call 911.
- Notify school nurse and parents.

**Comments:**

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### High Blood Sugar

Treat when blood sugar is above ______. Call parent/guardian when blood sugar is above ______.

**Symptoms:** (circle all that apply) extreme thirst, headache, abdominal pain, nausea, frequent urination

**Additional symptoms:**

**Treatment:** **
- Increase liquid (e.g. water) intake.
- Allow student to use restroom as often as necessary.
- Check urine for ketones _____ if sugar is greater than ______ or when ill. If urine ketones are present, call parent immediately!
- Do not allow exercise.
- Student or school nurse should administer insulin as ordered in IHP.
- If student exhibits nausea, vomiting, stomach ache or is lethargic, notify school nurse and parent immediately.

**Comments:**

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**Signatures:**

**Parent:** ___________________________  **Date**

**Physician:** ___________________________  **Date**

**Diabetes Educator:** ___________________________  **Date**

**School Nurse:** ___________________________  **Date**
Diabetes Medical Management Plan

School District: __________________________ School: __________________________ School Year: ______ Grade: ______

Student Name: __________________________ DOB: __________________________

Provider Name: __________________________ Phone #: __________________________ Fax #: __________________________

Blood Glucose Monitoring at School

Blood Glucose Target Range: ________ • ________ mg/dl

Monitoring Schedule:
☐ Before breakfast  ☐ Before lunch  ☐ 10-20 min. before boarding bus  ☐ Suspected hyper/hypoglycemia
☐ Is ill or requests testing  ☐ Other: __________________________

Student Self Monitoring (Check all that apply):
☐ Can test independently  ☐ Needs supervision  ☐ Needs assistance with testing and blood glucose management
☐ Other: __________________________

Diabetes Medication

Oral medications: Home: __________________________ School: __________________________

Insulin: (Opened insulin must be discarded after 28 days.)
☐ No insulin at School

Insulin at Home: ☐ Humalog  ☐ Novolog  ☐ Lantus Other: __________________________

Insulin at School: ☐ Humalog  ☐ Novolog  ☐ Lantus Other: __________________________

Insulin delivery devise at school:
☐ Syringe & vial  ☐ Insulin Pen  ☐ Insulin Pump (See Pump Section.)

Insulin management at school:

☐ Student is able to:
  ☐ Give own injections.
  ☐ Determine correct amount of insulin.
  ☐ Independently self manage pump or insulin injection.

☐ Y ☐ N ☐ With supervision
☐ Y ☐ N ☐ With supervision
☐ Y ☐ N ☐ With supervision

Meals & Snacks at School

Independent in Carbohydrate calculations and management: ☐ Yes  ☐ No  ☐ Needs Supervision

<table>
<thead>
<tr>
<th>Meal/ Snack</th>
<th>Carbohydrate Count</th>
<th>Not on Fixed Carb Count</th>
<th>Meal/Snack</th>
<th>Carbohydrate Count</th>
<th>Not on Fixed Carb Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
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<td>Lunch</td>
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<tr>
<td>Mid-morning Snack</td>
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<td>Mid-morning Snack</td>
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</table>

Snack before exercise: ☐ Yes  ☐ No  ☐ As Needed
Snack after exercise: ☐ Yes  ☐ No  ☐ As Needed

Snack/content/amount at other times: ☐ As Needed  OR __________________________

Food to avoid: Liquid sugars such as fruit juice, regular soda and Gatorade. Use only for low blood sugars.
Other: __________________________

Instructions when food provided in classroom (e.g. class party, food sampling): __________________________
Carbohydrate Counting and Correction Sheet

Humalog/Novolog Insulin
Food: _____ units of insulin for every _____ grams of carbohydrate for meals and snacks.
Blood Sugar: _____ units of insulin for every _____ mg/dl over _____ mg/dl. Correction can be made every 3 hours as needed.

Daily Lantus/Levemir Insulin: _____ units a.m. _____ at bedtime

Insulin Pump: Use pump dosing. Dose listed above to be used in event of pump failure. See insulin pump care.

Parent authorized to adjust insulin dosage under the following circumstances: ____________________________________________________________

Precautions
• Unless otherwise stated, cover all carbohydrates/snacks with insulin except those used to treat low blood sugar.
• Parents need to communicate modifications of carbohydrate counting/insulin coverage to school nurse in writing.

Pre-Meal Humalog/Novolog Doses

<table>
<thead>
<tr>
<th>Blood Sugar Correction</th>
<th>+</th>
<th>Food Carbohydrates</th>
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<tbody>
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<td>Under = Units</td>
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<td>Grams = Units</td>
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<td>Grams = Units</td>
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Exercise and Sports

A fast-acting carbohydrate such as juice, regular soda, Gatorade, or glucose tablets need to always be available at the site of exercise or sports.

Individual Activity Restrictions for Student: ☐ Y ☐ N
If yes, list restrictions: ____________________________________________________________

General Restrictions from Exercising:
• If blood sugar is below 80 mg/dl, treat for hypoglycemia with above fast acting carbohydrates. Snack listed above should be given: ☐ Y ☐ N
• If glucose is above 300 mg/dl OR moderate to large urine ketones are present OR blood ketones are >0.6 mmol/L, Notify physician or parent/guardian.
• If student is symptomatic.
### Hypoglycemia (Low Blood Sugar) = _________ mg/dl and/or Physical Symptoms

<table>
<thead>
<tr>
<th>Symptoms of Hypoglycemia:</th>
<th>Shaky</th>
<th>Headache</th>
<th>Confused</th>
<th>Clumsy</th>
<th>Sweaty</th>
<th>Drowsy</th>
<th>Hungry</th>
<th>Pale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Uncooperative</td>
<td>Irritable</td>
<td>Weak</td>
<td>Behavior Changes</td>
<td>Other:</td>
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</table>

**Precautions**

- Never leave this student unattended! If treatment is to be provided in the Health Office, a responsible adult needs to accompany the student to the Health Office.
- Check blood sugar if student has not done so and is symptomatic.
- Notify School Nurse and Parent when any of the following treatments are performed.

**Low Blood Sugar Treatment:**

- Give ½ cup (4 oz.) of juice or regular soda or 3-4 glucose tablets (or 15 grams of fast acting carbohydrate). Do not cover with insulin. The carbohydrate is given to treat the low blood sugar.
- Recheck blood glucose in 15 minutes. If blood sugar is still **below** ______, give another 15 grams of carbohydrate.
- If the student’s blood sugar is **above** ______, give a 15-30 gram carbohydrate snack or lunch.
- Make sure the student feels well before sending to lunch.
- Comments ____________________________

**Treatment if disoriented, combative, and incoherent but is conscious:**

- Give ½ to 1 tube of glucose gel or cake decorating gel. Place gel between cheek and gum.
- Massage the outside of cheek to facilitate absorption through the membrane of the cheek.
- Encourage student to swallow.
- Recheck blood sugar in 10 minutes.
- If still **below** ______, repeat treatment as above.
- Give sugar containing liquid and snack when student is alert and able to swallow safely.
- Comments ____________________________

**Treatment for seizures, loss of consciousness, inability/unwillingness to take gel or juice:**

- Stay with student
- Position student on side
- Give glucagon immediately by injection. Dose: □ 0.3cc □ 0.5cc □ 1.0cc
- Call 911
- Notify parents
- Comments ____________________________

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### Hyperglycemia (High Blood Sugar) = □ 250 or □ 300 mg/dl

<table>
<thead>
<tr>
<th>Symptoms of Hyperglycemia:</th>
<th>Extreme Thirst</th>
<th>Frequent Urination</th>
<th>Abdominal Pain</th>
<th>Headache</th>
<th>Nausea</th>
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<td>Other:</td>
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**Check Ketones:**

- Urine should be checked for ketones when blood glucose levels are above 300 mg/dl.
- If urine ketones are moderate to large, CALL PARENT IMMEDIATELY!
- If student is on pump, and urine ketones are moderate to large OR blood ketones are 0.6mmol/l or more, call parents.

**Treatment for ketones and/or high blood sugar:**

- Increase sugar free liquid intake
- Allow student to use restroom as often as necessary
- Call parent immediately if student is vomiting

**Treatment for high glucose with ketones, moderate, large or ≥ 0.6 or greater:** (check all that apply)

- □ Call parent immediately for action plan
- □ Parent will determine the insulin coverage needed
- □ Follow blood sugar correction guidelines – see dosing sheet
Supplies Kept at School

- Blood glucose meter, test strips, meter batteries
- Meter location:
- Insulin, pen, pen needles, insulin cartridges
- Lancet device, lancets, gloves, etc.
- Glucagon Emergency Kit
- Urine ketone strips
- Insulin vials and syringes
- Fast-acting source of glucose
- Blood ketone meter and strips
- Insulin pump and supplies

Insulin Pump

- Insulin Pump Care Information Attached
- Student able to operate insulin pump:
  - Y
  - N
  - With Supervision
- Student can troubleshoot problems:
  - Y
  - N
  - With Supervision
- (e.g. Urine Ketones, pump malfunction)
- Comments:

Insulin Adjustments by Healthcare Provider or Parent (for use by School Nurse)

<table>
<thead>
<tr>
<th>Date New Orders Obtained</th>
<th>Order * Note Change in Care Sheet</th>
<th>Nurse Signature</th>
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SIGNATURES:

This Diabetes Medical Management Plan has been approved by:

Student Healthcare Provider

Diabetes Educator

I give my permission to the school, school nurse, licensed/unlicensed assistive personnel, and other designated staff member(s) to perform and carry out the diabetes care tasks as outlined by this Diabetes Medical Management Plan for my child, _____________________, and I acknowledge that I have received a copy of the signed plan.

I also consent to the release of the information contained in this plan to all staff and other adults who have custodial care of my child and who may need to know this information to maintain my child’s health and safety. I will notify extra-curricular staff about health plan and care to be given during after school activities. I give my permission for the school nurse to contact my child’s healthcare provider(s) regarding the above condition.

Parent/Guardian

Acknowledged and received by:

School Nurse