

**EMERGENCY RESPONSE PLAN: DIABETES**

Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Notify parent if child's blood sugar is below \_\_\_\_\_ or above \_\_\_\_\_ mg/dl.

**HYPOGLYCEMIA – INSULIN REACTION (LOW BLOOD SUGAR)**

Student to be treated when blood sugar is below \_\_\_\_\_

**MILD LOW BLOOD SUGAR Signs/Symptoms** may include hunger, irritability, shakiness, sleepiness, sweating, pallor, uncooperative, crying or other behavioral changes. Additional student symptoms \_\_\_\_\_

**Treatment:**

- Never leave student unattended. If treated outside the classroom, a responsible person must accompany student to health office.
- Give juice (1 carton), or regular pop (1 cup), or 2-3 glucose tabs; (1 small tube of cake decorating gel can also be placed between cheek and gum with head elevated)
- Wait 10-15 minutes. Recheck blood sugar. Retreat as above if still below 75, or if symptoms persist.
- When symptoms improve or blood sugar is >75, give substantial snack (carbohydrate and protein) or lunch.

Comments: \_\_\_\_\_

**SEVERE LOW BLOOD SUGAR:**

**Signs/Symptoms:** Seizure or loss of consciousness or student unwilling/unable to take gel or juice.

**Treatment:**

- CALL 911 - Stay with student
- Place student on side - Do not put anything in mouth

Comments: \_\_\_\_\_

**HYPERGLYCEMIA – HIGH BLOOD SUGAR**

Student must be treated when blood sugar is above \_\_\_\_\_.

**Signs/Symptoms** may include: extreme thirst, headache, abdominal pain, nausea, increased urination

**Treatment:**

- Drink 6-8 ounces of water every hour. Allow student to carry water bottle with them.
- Use restroom as needed.
- Do not allow exercise.
- Student to administer insulin if ordered by health care provider
  - For pumps, will student be able to change infusion set, or have an alternate source of insulin

at school?

- If student exhibits nausea, vomiting, stomachache or is lethargic, notify parents and school nurse ASAP.

- Send student back to class if none of the above symptoms are present.

Comments: \_\_\_\_\_

I understand that all monitoring equipment, snacks, glucose are to be provided by the family. In case of an emergency, contact the 911 emergency response team for further evaluation. If parents are unavailable, the physician or diabetic nurse educator may be contacted for specific information. If transportation by ambulance is necessary, parents will assume responsibility for payment.

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confidential