



Copies to: Emergency Form
Office
Special Needs Supervisor
Teachers
Original: 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 sugar, food with sugar
 - 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: _____

CALL 911 IF:

- Unresponsive/Lethargy
- Seizure
- Difficulty breathing
- Unstable vital signs (blood pressure, pulse, fever)

This information may be shared with appropriate staff.

Plan approved by:

Nurse _____

Date _____

Parent _____

Date _____

Provider _____

Date _____

Additional forms@lcjvs.net or nurse.

Please return this for to the High School Office.