



DIABETES EMERGENCY ACTION PLAN

Student Name _____ DOB _____ Grade _____ Teacher _____

Preferred Hospital _____

Known Allergies _____

Additional Health Problems _____

Concurrent Medications _____

Symptoms of hypoglycemia "low blood sugar" that may require treatment include any/all of the following:

- Shakiness
- Sleepiness
- Hunger
- Headache
- Pallor
- Sweatiness/clamminess
- Fatigue
- Weakness
- Slurred/slow speech
- Loss of coordination
- Distractibility
- Personality changes

Symptoms of hyperglycemia "high blood sugar" that may require treatment include any/all of the following:

- Excessive thirst
- Frequent urination
- Hunger
- Nausea/vomiting
- Headache
- Fatigue
- Irritability
- Visual changes

Typical Care:

- Student will check blood sugar before meals, at other times indicated by parent and nurse, and as needed
- School nurse will assist in the administration of insulin and selection/counting of carbs at meal and snack times as ordered by a physician

Typical Care:

- Watch for symptoms of low blood sugar or high blood sugar
- When exhibiting symptoms, send/escort student to nurse's office or call for nurse

Emergency Care:

- In the event of a low blood sugar emergency (seizure, loss of consciousness, conduction, inability to eat/drink):
 - Immediately call for nurse
 - Nurse will administer emergency medication
 - While nurse is caring for student:
 - Call 911
 - Remove classmates from the classroom
 - Notify administration
 - Notify parents/guardians
- In the event of a high blood sugar emergency (fruity smelling breath, disorientation, large amount of ketones in urine, vomiting):
 - Immediately call for nurse
 - Nurse will contact parent for immediate student pick-up

EMERGENCY CALLS

1. Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Parent/Guardian _____ Phone Number(s) _____
3. Emergency contact(s)
 - Name/relation _____ Phone number(s) _____
 - a. _____
 - b. _____
4. Notify administration.

A staff member should accompany the student to the emergency room if the parent/guardian, or emergency contact is not present.

Parent/Guardian Signature _____ Date _____

CSN Reviewed (Initials/Date) _____