

# Woodford County Public Schools

## Emergency Action Plan: **DIABETES**

Student:	DOB:	Parent/Guardian:
Today's Date:		Home Phone:
School:	Bus:	Work Phone:
Grade:	Teacher:	Cell Phone:

Name of Doctor \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Usual times to check blood sugar \_\_\_\_\_ Student can perform own testing? \_\_\_\_\_

Types of insulin \_\_\_\_\_ Delivery system   Syringe     Pen     Pump  

Carbohydrate ratio \_\_\_\_\_ Correction Factor \_\_\_\_\_

### LOW BLOOD SUGAR (Hypoglycemia)

IF YOU SEE THIS	DO THIS
<ul style="list-style-type: none"> <li>● Shakiness, dizziness, headache</li> <li>● Hunger</li> <li>● Difficulty concentrating</li> <li>● Flushed or sweaty</li> <li>● Becomes very quiet or tearful,</li> <li style="padding-left: 20px;">Spacey</li> <li>● Becomes hyperactive or irritable</li> <li>● Other: _____</li> </ul>	<ul style="list-style-type: none"> <li>● Have student check blood sugar.</li> <li>● If blood sugar is <b>below 70</b> or student feels like blood sugar is dropping:               <ul style="list-style-type: none"> <li>○ Give snack such as:                   <ul style="list-style-type: none"> <li>▪ 4 ounce juice box</li> <li>▪ 4 ounces regular soda</li> <li>▪ 3-4 glucose tablets</li> <li>▪ fruit gummies</li> </ul> </li> <li>○ Notify school nurse</li> </ul> </li> <li>● Check students blood sugar again in 15 minutes after snack.               <ul style="list-style-type: none"> <li>○ If blood sugar remains <b>below 70</b>, give another snack and repeat blood sugar in 15 minutes. Continue this process until blood sugar is above 70 and symptoms have ceased.</li> </ul> </li> <li>● When symptoms are resolved, give additional protein snack of peanut butter cracker or half a sandwich if not going to lunch.</li> <li>● Notify parents and school nurse of episode</li> </ul>
<ul style="list-style-type: none"> <li>● Student becomes unresponsive OR has a seizure</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Call 911</b> and notify parent and school nurse</li> <li>● Give Glucagon as ordered</li> <li>● Position student on side</li> </ul>

### HIGH BLOOD SUGAR (Hyperglycemia)

IF YOU SEE THIS	DO THIS
<ul style="list-style-type: none"> <li>● Frequent urination</li> <li>● Extreme hunger</li> <li>● Extreme tiredness</li> <li>● Unusual thirst</li> <li>● Irritability</li> <li>● Blurred vision</li> </ul>	<ul style="list-style-type: none"> <li>● Have student check blood sugar</li> <li>● Have student drink water or sugar free liquid</li> <li>● Use bathroom as needed</li> <li>● DO NOT have student exercise if sugar is over 300.</li> <li>● Call parents and notify of symptoms – ask for further instructions</li> </ul>
<ul style="list-style-type: none"> <li>● Student becomes unresponsive</li> </ul>	<ul style="list-style-type: none"> <li>● Call 911 and notify parent and school nurse</li> </ul>

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

File original in health section of student cumulative record. Send copies to all need to know staff and place copy in student daily monitoring log.

3/20/15 LT