

North Thurston Public Schools

Diabetes Individual Health Plan - Emergency Action Plan

Student	M F	Birthdate	School
Parent	Hm Phone	Wk Phone	Teacher
Health Care Provider		Phone	Age of onset
Brief History (include concurrent illness / disability)		Recent hospitalization dates	Allergies _____ _____ _____
		Date & result of HbA ₁ C	
Emergency Contacts _____			

Daily Diabetes Routines

Regular Schedule	Early Release Schedule
Time Classes Begin: End:	Time Classes Begin: End:
Snack time: AM PM	Snack time: AM PM
Breaks AM PM	Breaks AM PM
PE Days: Time:	PE Days Time
Lunch time:	Lunch time:
Blood Sugar test Time(s): Location:	Blood Sugar test Time(s): Location:
Insulin injection: Time(s): Location:	Insulin injection: Time(s): Location:

Field Trips	Classroom / School Parties	After-school Activities
<p>All diabetes supplies are taken and care is provided:</p> <input type="checkbox"/> By student's parent <input type="checkbox"/> According to procedure developed prior to field trip <input type="checkbox"/> According to low / high blood sugar plans	<p>In the event of classroom / school parties, food treats will be handled as follows:</p> <input type="checkbox"/> Student will eat treat <input type="checkbox"/> Replace with parent-supplied alternative <input type="checkbox"/> Modify the treat as follows: _____ <input type="checkbox"/> Schedule extra insulin per prearranged plan	<input type="checkbox"/> List: <input type="checkbox"/> Low / high blood sugar plans to supervisor with instructions.

Routine Supplies	Disaster Supplies
<input type="checkbox"/> Blood sugar meter kit (includes all blood testing supplies for school) <input type="checkbox"/> Low blood sugar supplies <ul style="list-style-type: none"> ✓ Fast-acting carbohydrate drinks, i.e., apple juice, orange juice, regular soda pop ✓ Glucose tabs ✓ Glucose gel products ✓ Gel cakemate (not frosting) 19gm. mini-purse size ✓ 5-6 prepackaged snacks i.e., cracker / cheese, cracker / peanut butter, etc. <input type="checkbox"/> Daily snacks for AM / PM snack times Snacks stored _____	<input type="checkbox"/> Food supply for 3 days stored in _____ <input type="checkbox"/> Low blood sugar supplies <input type="checkbox"/> Medication and medical supplies stored in _____ <input type="checkbox"/> Insulin pen and needles <input type="checkbox"/> Insulin and syringes <input type="checkbox"/> Other supplies (specify)

Low (Hypoglycemic) Blood Sugar Reactions	High (Hyperglycemic) Blood Sugar Reactions
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Low Blood Sugar Symptoms

<input type="checkbox"/> Shakiness	<input type="checkbox"/> Fast heartbeat	<input type="checkbox"/> Headache
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Confusion	<input type="checkbox"/> Impaired vision
<input type="checkbox"/> Irritable	<input type="checkbox"/> Hunger	<input type="checkbox"/> Sweating
<input type="checkbox"/> Anxious	<input type="checkbox"/> Weakness	<input type="checkbox"/> Slurred speech

Parameters for snacks to treat low blood sugar:

If blood sugar is _____ to _____ give _____

If blood sugar is _____ to _____ give _____

EMERGENCY ACTION

1. Escort student to the health room
2. Student (or nurse) to check blood sugar with glucometer
3. Have student eat snack, following snack parameters above
4. Recheck blood sugar in 10-15 minutes
5. Repeat food if blood sugar less than _____
6. Follow with carbohydrate and protein snack
7. Call parent with results / treatment administered
8. Call school nurse if blood sugar remains low
9. If blood sugar returns to normal range, student may return to class

High Blood Sugar Symptoms

<input type="checkbox"/> Extreme thirst	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Nausea
<input type="checkbox"/> Frequent Urination	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Blurred vision
<input type="checkbox"/> Dry itchy skin	<input type="checkbox"/> Hunger	<input type="checkbox"/> Sweet / fruity breath
<input type="checkbox"/> Fatigue / sleepiness	<input type="checkbox"/> Lack of concentration	<input type="checkbox"/> Flushing of skin

Parameters for insulin and/or exercise or water To treat high blood sugar

If blood sugar is greater than _____ follow steps below

EMERGENCY ACTION

1. Escort student to health room
2. Call parent and follow instructions. May be advised to have student:
 - a. Self-administer insulin (if available) and/or
 - b. Drink water and walk with supervision
3. Call school nurse
4. If insulin administered, student may return to class
5. If exercise/water used to treat, have student retest blood sugar in 10-15 minutes. Follow instructions of parent/nurse

EMERGENCY ACTION FOR EXTREMELY LOW BLOOD SUGAR

If student is unconscious or too lethargic to take liquids:

1. Call 911
2. Do not attempt to give anything by mouth
3. Position on side, if possible
4. Call parents and school nurse

School Bus Driver Instructions

- Call parent to pick up student if a low blood sugar episode occurs 30 minutes or less prior to departure regardless if sugar returns to normal reading.
- Student to eat snack on bus if part of care plan or if having signs of low blood sugar and able to swallow
- Driver to call for special directions:

Date of next plan review _____
 Must be reviewed before the beginning of the next school year unless there is a change requiring an earlier revision

Parent _____ **Date** _____ **Student** _____ **Date** _____

School Nurse _____ **Date** _____

PLAN TO BE DISTRIBUTED TO THE FOLLOWING:

Name / Position	Date	Signature