

Diabetes Emergency Care Plan

Student Name: _____ Birthdate: _____ Grade: ____ Date: _____

Insulin Type: _____ Hyperglycemic agent: _____

Insulin Delivery Method: _____ Student can self-administer Insulin: _____

Signs and symptoms of Low Blood Sugar (hypoglycemia) can include:

Tired, hunger, dizziness, shakiness, not feeling well, sweaty, drowsy, weak, headache, irritable, confusion, blurry vision, weakness, slurred speech, behavior change, poor coordination, labored breathing, loss of consciousness, or seizures. **Low blood sugar (hypoglycemia) is a medical emergency and requires immediate treatment.**

Never send a child with a suspected low blood sugar anywhere alone!

Emergency Action Plan for Low Blood Sugar:

1. If able, have student escorted to the Health Office.
2. If possible, check blood sugar per plan. If you do not know how to test or there is no meter to test with, treat anyway. **Always, if in doubt, TREAT.**
3. Give quick sugar source: 2 to 3 glucose tablets, 4 to 8 ounces of juice, glucose gel product.
4. Stay with the child, repeat treatment if necessary in 15 minutes.
5. For loss of consciousness or seizure administer _____ as prescribed by physician.
6. **Immediately Call 911.** (Hyperglycemic agent)
7. Notify parent/guardian.

Action Plan for High Blood Sugar:

Follow hyperglycemia decision tree if provided by healthcare provider

1. Check urine for ketones if blood glucose level: \geq _____
2. If student uses an insulin pump, check insertion site and tubing for kinks.
3. Give extra water 8 oz every 30 minutes.
4. Recheck BG every _____ hours to determine if level is decreasing
5. Restrict participation in physical activity if BG is greater than: _____
6. Notify parents if ketones are present
7. Notify parents if BS higher than _____
8. If BS higher than _____ may need to remove insulin pump and administer insulin SQ.

_____ and _____ are the Delegated Care Aides for Rockford Christian School. Delegated Care Aides will contact the parent/guardian, school nurse or the student's healthcare provider to confirm that an insulin dose is appropriate. If Glucagon is given, 911 will be called and the parent/guardian will be notified. **If parent/guardian does not agree to the identified Delegated Care Aides, the student is not authorized to have a Delegated Care Aide in school. In case of emergency, 911 will be called.**

Parent/guardian accepts the above-named Delegated Care Aides: Yes _____ No _____ (Parent initials)

Parent/Guardian Emergency Contact Information:

Call _____ Home: _____ Work: _____ Cell: _____

Parent/guardian is responsible for notifying after school activities program staff/adult/coach of all aspects of students diabetes needs.

- I understand that the above information may be shared with school staff as needed to protect the health and safety of this student and to plan for a safe environment conducive to learning

Rockford Christian School, and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the pupil, regardless of whether authorization was given by the physician, physician's assistant or advanced practice registered nurse.

Parent/Guardian Signature: _____ Date: _____