

**\*\*\*PRIOR LAKE-SAVAGE AREA SCHOOLS\*\*\***  
**DIABETES EMERGENCY ACTION PLAN/INDIVIDUAL HEALTH PLAN**

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Birthdate \_\_\_\_\_ Homeroom # \_\_\_\_\_ Medic Alert Jewelry: Yes No

**Parent / Guardian:**

1. Name: \_\_\_\_\_  
Home ph.( ) \_\_\_\_\_ Work ph.( ) \_\_\_\_\_ Cell ph.( ) \_\_\_\_\_

2. Name: \_\_\_\_\_  
Home ph.( ) \_\_\_\_\_ Work ph.( ) \_\_\_\_\_ Cell ph.( ) \_\_\_\_\_

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Endocrinologist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**The parent/legal guardian, understands that it is their responsibility to provide all required supplies for blood glucose monitoring as well as snacks and any/all items to be used in case of an insulin reaction.**

**Blood Glucose Monitoring**

Target range for blood glucose: \_\_\_\_\_mg/dl to \_\_\_\_\_mg/dl

Type of blood glucose meter student uses: \_\_\_\_\_

Usual times to test blood glucose: \_\_\_\_\_

Times to do **extra** tests (check all that apply): \_\_\_Before exercise \_\_\_After exercise

When student exhibits symptoms of \_\_\_ hypoglycemia \_\_\_hyperglycemia

Other: \_\_\_\_\_

Can student perform own blood glucose tests? **Y N**

Parent/Guardian requests to be notified for: (check all that apply)

\_\_\_ Blood glucose levels below \_\_\_\_\_

\_\_\_ Blood glucose levels above \_\_\_\_\_ and ketones present \_\_\_\_\_

\_\_\_ Blood glucose levels above \_\_\_\_\_ for 3 days in a row.

**Insulin Regime:** \_\_\_\_\_sub-q

\_\_\_\_\_ pump

AM Type and amount \_\_\_\_\_

Is student competent regarding pump? **Y N**

Lunch Type and amount \_\_\_\_\_

Insulin/carbohydrate ratio \_\_\_\_\_

PM Type and amount \_\_\_\_\_

Correction Factor \_\_\_\_\_

HS Type and amount \_\_\_\_\_

Other Type and amount \_\_\_\_\_

Can student give own injections? **Y N** Can student determine correct amount of insulin? **Y N**

Can student draw correct dose of insulin? **Y N**

**Dietary Needs:**

Snack time(s) at school: \_\_\_\_\_ Carbs: \_\_\_\_\_ (Hold if BS > \_\_\_\_\_)

\_\_\_\_\_ Carbs: \_\_\_\_\_ (Hold if BS > \_\_\_\_\_)

Dr. suggested snack foods (from home): \_\_\_\_\_

Suggested treats for in-school parties: \_\_\_\_\_

**Location of supplies:** Blood glucose monitoring equipment \_\_\_\_\_

Ketone testing supplies \_\_\_\_\_ Glucagon emergency kit \_\_\_\_\_

Snacks \_\_\_\_\_

**POTENTIAL EMERGENCY: Low Blood Sugar/Hypoglycemia/Insulin Reaction**

Signs and Symptoms this student usually exhibits: (check if applicable)

- Hypoglycemic Seizures
- mood changes (*please circle*): irritability, crying, confusion, inappropriate responses
- headache                       shaky, nervous                       loss of consciousness
- dizziness                       blurred vision                       numbness, tingling lips/tongue
- drowsiness, fatigue                       unusually pale, moist/clammy skin
- hunger                       heart pounding
- other: \_\_\_\_\_

Does student recognize these symptoms?    Yes    No

Time of day reaction is most likely to occur? \_\_\_\_\_

**\*\*THERE SHOULD BE NO DELAY IN CARE ONCE A STUDENT HAS NOTIFIED A TEACHER OF A POSSIBLE PROBLEM\*\***

**Student must be accompanied at all times when symptomatic- DO NOT leave/send to health office alone!**

**Treatment of Low blood sugar/hypoglycemia:**

If blood sugar is \_\_\_\_\_ or below:

- Give sugar or quick energy food immediately (i.e. ½ cup fruit juice or non-diet soft drink; 2-3 glucose tablets)
- Wait 10-15 minutes while observing student. Do not leave student.
- Recheck blood glucose in 10-15 minutes until blood sugar is greater than \_\_\_\_\_ before sending student back to class; if not, repeat treatment.
- If symptoms continue, call parent or student’s doctor or LSN.
- If student is not responding to sugar source or is very confused or becomes unconscious, call 9-1-1 and immediately contact parents.
- Do not attempt to give food or fluid if unconscious or seizing.

If this reaction takes place 1 hour prior to snack/meal, give \_\_\_\_\_

- Document incident and actions.

Additional actions/information (i.e., glucagon orders):

**High blood sugar/hyperglycemia: (\*This is generally not an emergency.\*)**

Signs and symptoms this student usually exhibits: (check if applicable)

- excessive thirst                       nausea                       abdominal pain
- frequent urination                       vomiting                       rapid breathing
- hot/flushed skin                       confusion                       weakness
- other: \_\_\_\_\_

Does student recognize these symptoms?                      Yes    No

**Treatment of hyperglycemia:**

- If blood glucose is above \_\_\_\_\_, check for ketones, if strips available. If ketones present, contact parent or doctor.
- If blood glucose is above \_\_\_\_\_, notify parent.
- If blood glucose is elevated and student has symptoms of illness/vomiting, call parent.
- **Do / Do not** have student exercise to lower blood sugar.
- Push water.
- Recheck blood glucose in \_\_\_\_\_ minutes.
- Follow existing medication order.

Date/Grade	Doctor/NP/PA Signature	Clinic
Parent/Guardian Signature	LSN Signature	