

Emergency Care Plan

DIABETES

Student: _____ Grade: _____ DOB: _____
Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____
Father: _____ FHome #: _____ FWork #: _____ FCell #: _____
Physician's Name: _____ Phone: _____ School Nurse – 207 – 2490

He/She may have an insulin pump which gives insulin via a catheter into the abdomen. The pump hooks to clothing and is the size of a beeper. He/she may disconnect the pump as needed (for PE/exercise).

PHYSICIAN – PLEASE COMPLETE * AREAS FOR MEDICATION AUTHORIZATION

Extra insulin is needed with meals/snacks.

***Type of Insulin _____ Ratio= 1 unit Insulin/ _____ Carbohydrates ingested**

HYPOGLYCEMIA

SYMPTOMS OF HYPOGLYCEMIA MAY INCLUDE ANY/ALL OF THESE:

- Shaking, fast heartbeat, sweating, anxiety, irritability
- Complaints of hunger, impaired vision, weakness or fatigue
- Onset may be sudden and can progress to Insulin Shock

SEVERE SYMPTOMS INCLUDE:

- Appears very pale, feels faint, loss of consciousness
- Seizure activity

TREATMENT:

If he / she complains of low blood sugar, or if you notice any symptoms, stop any activity immediately. Give sugar source if available and call or send to the Health Office with an escort. When going outside of off school grounds, make sure student has a sugar source available for immediate use to prevent a severe hypoglycemic reaction.

Mild (blood glucose less than 70) – Give 15 grams carbohydrate and recheck BG in 15 min.

- Do not leave student alone & repeat treatment until BG over 70

Moderate (blood glucose less than 40) – Give 30 grams of carbohydrate and recheck BG in 15 min.

- Do not leave student alone & repeat treatment until BG over 70

SEVERE hypoglycemic reaction (unconsciousness/ seizure) - DO NOT attempt to give anything by mouth. Call the health office & 911. Administer glucagon if ordered and put in recovery position (nausea/vomiting is side effect of glucagon)

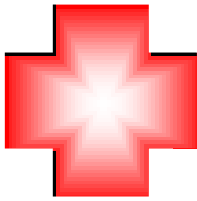
***Glucagon ordered: YES _____ NO _____**

***Dosage Schedule _____**

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This plan is in effect for the current school year and summer school as needed.

Revised 1/08



Emergency Care Plan

DIABETES CONTINUED (PAGE 2)

HYPERGLYCEMIA

SYMPTOMS OF HYPERGLYCEMIA MAY INCLUDE ANY/ALL OF THESE:

- Gradual Onset
- Extreme thirst, very frequent urination, drowsiness
- Flushed skin, heavy breathing, blurred vision
- Vomiting, fruity or wine-like odor to breath

SEVERE SYMPTOMS INCLUDE:

- Stupor
- Unconsciousness

***TREATMENT:** (FOR BLOOD GLUCOSE OVER _____)

***Give additional insulin per pump** (If it has been more than ____ hours since previous dose)

***Type of Insulin** _____

***Correction Formula** = _____

Recheck Blood Glucose in 2 hours

FOR BLOOD GLUCOSE OVER 300

Notify parent

Encourage water or sugar free fluids

Check urine for KETONES:

If negative – trace: Corrective insulin using correction formula. Recheck BG in 2 hours

If small – large: Recommend student be released to parent for insulin by syringe and closer monitoring

** This plan will be shared with pertinent staff on an as need to know basis.

Physician's Signature _____ Date: _____

Physician's Name (please print) _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____