

**HARRISON COUNTY SCHOOL DISTRICT  
TYPE I DIABETES EMERGENCY ACTION PLAN**  
*Plan valid for one school year*

Student Name		Date of Birth		Date of Plan	
School			Grade	Teacher	
Parent/Guardian Name			Address		
Best Contact Number ( ) -			Alternate Contact Number ( ) -		
Emergency Contact Name		Relationship		Emergency Contact Number	
Healthcare Provider			Phone Number ( ) - or ( ) -		

Target range for blood glucose: \_\_\_\_\_.

Insulin/carbohydrate ratio for meals/snacks is \_\_\_\_\_ units for every \_\_\_\_\_ carbohydrates.

High blood sugar correction ratio is \_\_\_\_\_ units for every \_\_\_\_\_ mg/dl over \_\_\_\_\_.

This student can test own blood sugar.  Yes  No

This student has an insulin pump.  Yes  No Insulin pump brand/model: \_\_\_\_\_.

Pump Insulin:  Humalog  Novolog  Other: \_\_\_\_\_

The basal dose is: \_\_\_\_\_ The bolus dose is: \_\_\_\_\_

This student is to receive insulin bolus for carbohydrate intake immediately:

Before - \_\_\_\_\_ minutes before eating.  After - \_\_\_\_\_ minutes after eating.

**HOW TO TREAT HYPOGLYCEMIA (LOW BLOOD SUGAR):**

If any of the following signs or symptoms of hypoglycemia are present, proceed with plan:

- |                       |                              |                                |                   |
|-----------------------|------------------------------|--------------------------------|-------------------|
| <i>Aggressiveness</i> | <i>Hunger</i>                | <i>Pale Appearance</i>         | <i>Sleepiness</i> |
| <i>Confusion</i>      | <i>Lethargy</i>              | <i>Poor Coordination</i>       | <i>Sweating</i>   |
| <i>Dizziness</i>      | <i>Loss of</i>               | <i>Report of Feeling "Low"</i> | <i>Weakness</i>   |
| <i>Headache</i>       | <i>Consciousness/Seizure</i> | <i>Shakiness</i>               |                   |

A hypoglycemic reaction is most likely to occur before lunch, after exercise, and \_\_\_\_\_.

1. **Test blood sugar.** Glucometer is located \_\_\_\_\_.
- A. If reading is \_\_\_\_\_ or less (and student is conscious, cooperative, and able to swallow) give 15 grams of fast-acting carbohydrate such as \_\_\_\_\_, glucose tablets, 4 ounces of juice or non-diet soda, or \_\_\_\_\_.
- B. Contact school nurse. **Do not leave student alone or send to nurse alone.**
- C. Have student rest under observation. Re-check blood sugar in 15 minutes. If reading is below \_\_\_\_\_, repeat 15 grams of carbohydrates. If reading is above \_\_\_\_\_, have student eat regular meal or complex carbohydrate snack (1/2 sandwich, 4 peanut butter crackers, ½ cup milk, or \_\_\_\_\_ within next hour.
- D. Re-check blood glucose at 30 minutes. Follow directions as in C (above). If reading remains below \_\_\_\_\_ for 30 minutes, call parent. If parent is not able to come to school, and student’s condition deteriorates, call 911 and observe student closely. If student remains alert, give another serving of complex carbohydrate food.

**\*If symptoms occur 30 minutes or less before school dismissal, notify parent to arrange for pick-up from school by an adult.\***

Student Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

**If student is unresponsive, having a seizure, or unable to swallow, contact the school nurse or trained school personnel who will give Glucagon as directed (if prescribed).**

1. Turn student on side and keep airway open.
2. Give Glucose gel first then Glucagon as prescribed.
3. Call 911.
4. Notify parent.
5. If student has insulin pump, stop pump by:
  - Placing in "suspend" or "stop" mode
  - Disconnecting at pigtail or clip
6. If pump was removed, send with emergency medical response team to the hospital.
7. Other: \_\_\_\_\_.

**HOW TO TREAT HYPERGLYCEMIA (HIGH BLOOD SUGAR):**

If any of the following signs or symptoms of hyperglycemia are present, proceed with plan:

- |                         |                           |                                 |                                    |
|-------------------------|---------------------------|---------------------------------|------------------------------------|
| <i>Blurry vision</i>    | <i>Fatigue</i>            | <i>Headache</i>                 | <i>Nausea</i>                      |
| <i>Excessive thirst</i> | <i>Frequent urination</i> | <i>Inability to concentrate</i> | <i>Personality/behavior change</i> |

**1. Test blood sugar.**

If reading is higher than \_\_\_\_\_, administer \_\_\_\_\_ insulin as ordered:

- For range of \_\_\_\_\_ to \_\_\_\_\_, give \_\_\_\_\_ units of insulin.
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- For range of \_\_\_\_\_ to \_\_\_\_\_, give \_\_\_\_\_ units of insulin.
- For range of \_\_\_\_\_ to \_\_\_\_\_, give \_\_\_\_\_ units of insulin.

In addition: \_\_\_\_\_.

- This student administers insulin independently.
- This student administers insulin under supervision.
- This student requires assistance with insulin injection by the nurse.
- This student uses an insulin pump (high blood sugar correction ratio programmed in pump).

If insulin is not available or no sliding scale ordered, contact parent to arrange pick-up from school for a reading above \_\_\_\_\_.

- A. Contact the school nurse
- B. Allow free use of restroom.
- C. Encourage student to drink water or sugar-free fluids.
- D. If appropriate, allow student to exercise or walk under supervision.
- E. Check for ketones if two consecutive blood sugars (including tests done at home) have been above \_\_\_\_\_.  
If ketones are high, contact parent or doctor for directions. If ketones are trace to moderate, notify parent.
- F. If student is vomiting or lethargic, call parent immediately. Call 911 if parent cannot be reached.

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_

Date \_\_\_\_\_