HARRISON COUNTY SCHOOL DISTRICT
TYPE 2 DIABETES EMERGENCY ACTION PLAN

Plan valid for one school year

Student Name			**Date of Birth**	**Date of Plan**
School	**Grade**		**Teacher**	**Bus Number**
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: ____.
This student can test own blood sugar. ☐ **Yes** ☐ **No**
Routine times to check blood sugar are: _____.
Recommended dietary intake is: _____ (CHO or Cal) per day.
Medications taken: _____.

HOW TO TREAT HYPOGLYCEMIA (LOW BLOOD SUGAR):

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

Aggressiveness *Feeling "Low"* *Hunger* *Seizure* *Sleepiness* *Weakness*
Confusion *Headache* *Loss of Consciousness* *Shakiness* *Sweating*

1. If the student is **unresponsive**, having a seizure, or unable to swallow, contact the school nurse and parent immediately. **Call 911**. Lay student on his/her side and keep airway open. *Place ½ tube of glucose gel in cheek (if available).*
2. **Test blood sugar.** Glucometer is located _____.
   If reading is below _____, give 15 grams of fast-acting carbohydrate such as 4 ounces of juice or non-diet soda, or _____. Have student rest under observation. Recheck blood sugar in 15 minutes. If reading is below _____, repeat 15 grams of carbohydrate. If reading is above _____, allow student to eat regular meal or complex carbohydrate snack in next hour.

Notify school nurse. Further directions may be given.

HOW TO TREAT HYPERGLYCEMIA (HIGH BLOOD SUGAR):

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

Blurry vision *Fatigue* *Headache* *Nausea*
Excessive thirst *Frequent urination* *Inability to concentrate* *Personality/behavior change*

1. **Test blood sugar.**
   If reading is higher than _____, notify school nurse and/or parent.
   Encourage student to drink water or sugar-free liquids. Allow free use of the restroom.
   If appropriate, encourage student to exercise or walk under supervision.
2. If student is vomiting or becomes lethargic, contact school nurse and parent immediately.
   Call 911 if parent cannot be reached.

Physician Signature ______________________________ Date ____________

Parent Signature ______________________________ Date ____________

School Nurse Signature ______________________________ Date ____________