Emergency Action Plan:
Glucose Monitoring Treatment

PHOTO:

STUDENT:		DOB:	GRADE/TEACHER:

☐TREATMENT PLAN: Low Blood Glucose (Hypoglycemia): Below _____ mg/dl

Causes: •Too much insulin •Too much exercise •High excitement/anxiety •Too few carbohydrates eaten for the amount of insulin given

If you see this:	Follow this: ACTION PLAN
Signs of Mild Low Blood Glucose **(STUDENT IS ALERT)** ▪ Headache ▪ Sweating, pale ▪ Shakiness, dizziness ▪ Tired, falling asleep in class ▪ Inability to concentrate ▪ Poor coordination ▪ Other: _____	1. Responsible person accompany student to health room or check blood glucose on site 2. Check blood glucose 3. If less than _____**mg/dl,** give one of the following sources of glucose: (~15gms for fast-acting sugar (student < 5 y.o. give 7.5gms) *(Checked are student's preferred source of glucose but if not available any of these may be used)* ☐ 2-4 glucose tablets ☐ 6-9 Sweettarts® candies ☐ 2-4 oz. Orange or other 100% juice ☐ 8 oz of milk ☐ 4-6 oz. sugar soda (not sugar-free) ☐ Other: _____ 4. After 10-15 minutes, **re-check** blood glucose 5. Repeat giving glucose & re-check if necessary until blood glucose is > _____mg/dl. *Do not give insulin for the carbs used to bring up glucose level* ☐ Follow with a 15gm complex carb snack (do not give insulin for these carbs) **OR** if lunch time – Send to lunch (give insulin per orders). *Notify parent/guardian & school nurse* Comments: _____
Signs of Moderate Low Blood Glucose **(Student has decreased alertness)** ▪ Severe confusion ▪ Disorientation ▪ May be combative	1. Check blood glucose 2. Keeping head elevated, give one of the following forms of glucose: • 1 tube Cake Mate® gel or instant glucose applied between cheek and gum 3. After 10-15 minutes, check blood glucose again 4. Re-treat if necessary, until blood glucose is **> _____mg/dl,** Follow with 15gm complex carb snack (do not give insulin for these carbs) 5. Suspend/disconnect pump. *Notify parent/guardian & school nurse* Comments: _____
Signs of Severe Low Blood Glucose ▪ Not able to or unwilling to swallow ▪ Unconsciousness ▪ Seizure **GIVE NOTHING BY MOUTH!**	**1. Call 911, activate Emergency response,** place student on their side, **CHECK BG** 2. If personnel are authorized give **Glucagon,** prescribed dose: _____**mg(s)** Intramuscular 3. Suspend/disconnect pump & send pump to hospital with parent/EMS 4. Remain with student until help arrives . *Notify parent/guardian and school nurse* Comments: _____

☐Treatment Plan: High Blood Glucose (Hyperglycemia) Blood Glucose above _____ mg/dl

Causes:: •Illness •Underestimated carbohydrates and bolus •Hormonal Changes •Increased stress/anxiety •Insulin pump not delivering insulin

Signs of High Blood Glucose **(STUDENT IS ALERT)** **Symptoms could include:** • Extreme Thirst • Headache • Abdominal Pain • Nausea • Increased Urination • Lethargic • Other: ***Note:*** • If on a pump, insulin may need to be given by injection – Contact school nurse & parent. • *Allow to carry water bottle & use rest room unrestricted.*	1. Provide blood glucose correction as indicated in Provider Orders or per pump. ***Recheck in 2 hours.*** 2. When hyperglycemia occurs other than at lunchtime – contact school nurse & parent to determine correction procedure per provider orders or one-time orders. *3. Encourage to* drink water or DIET pop (caffeine free)*: 1 ounce water/year of age/per hour* ***4. Notify parents and school nurse if BG > 300mg or _____as indicated on provider orders.*** ***Contact the school nurse for Exercise Restrictions and School Attendance per Standards.*** ***5.*** ☐Check urine/blood ketones if BG is over **300mg/dl X2 or** _____*as indicated on provider orders.* & it has been > than 2 hours since last insulin dose. Recheck blood glucose in 2 hours following correction. Contact school nurse & parent with results. 6. ☐ Check urine ketones or ☐ blood ketones, if glucose **> 350mg/dl** or when ill, nausea, stomachache, lethargic, and/or vomiting. Contact school nurse & parent with results. 7. If BG **>300mg/dl** & urine ketones are **moderate to large or if blood ketones are greater than 1.0** mmol, **call parent & school nurse immediately! No exercise.** Recommend: Student to be released to parent/guardian for treatment/monitoring at home 8. **For PUMP users:** If BG > 350 mg/dl & ketones are positive, insulin to be given by injection by School Nurse or delegated staff (can use pump calculator to determine bolus) and set change by parent/guardian or independent student. If ketones negative, give an insulin bolus via pump and retest in 1-2 hours. Then if the BG continues to be > 350mg/dl, the correction bolus should be given by injection (can use pump calculator to determine bolus) and set change (to be changed by parent/guardian or independent student). Notify parents of BG results, ketone levels and actions. 9. If student's BG level is **>350 mg/dl & symptomatic** (illness, nausea, vomiting) - notify school nurse & parent. Student must go home to be treated/monitored by adult. Comments: _____

Parent Signature:		Date:	
School Nurse Signature:		Date:	