

Emergency Action Plan: Glucose Monitoring & Treatment



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 consumed for the amount of insulin given

If you see this:	Follow this: ACTION PLAN
<p>Signs of Mild Low Blood Glucose (STUDENT IS ALERT)</p> <ul style="list-style-type: none"> ▪ Headache ▪ Sweating, pale ▪ Shakiness, dizziness ▪ Tired, falling asleep in class ▪ Inability to concentrate ▪ Poor coordination ▪ Other: _____ 	<ol style="list-style-type: none"> 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: <i>(those checked are student's preferred source of glucose but in the event that the preferred source is not available any of these may be used)</i> <ul style="list-style-type: none"> <input type="checkbox"/> 2-4 glucose tablets <input type="checkbox"/> 6-9 Sweettarts® candies <input type="checkbox"/> 2-4 oz. Orange or other 100% juice <input type="checkbox"/> 4-6 oz. sugar soda (<u>not sugar-free</u>) <input type="checkbox"/> 8 oz of milk <input type="checkbox"/> Other: _____ 4. After 10-15 minutes, re-check blood glucose 5. Repeat giving glucose & recheck if necessary until blood glucose is > ___ mg/dl. <i>Do not give insulin for the carbs used to bring up glucose level</i> <ul style="list-style-type: none"> <input type="checkbox"/> 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) 6. Notify parent/guardian <p>Comments: _____</p>
<p>Signs of Moderate Low Blood Glucose (STUDENT HAS DECREASED ALERTNESS)</p> <ul style="list-style-type: none"> ▪ Severe confusion ▪ Disorientation ▪ May be combative 	<ol style="list-style-type: none"> 1. Check blood glucose 2. Keeping head elevated, give one of the following forms of glucose: <ul style="list-style-type: none"> • 1 tube Cake Mate® gel applied between cheek and gum • ½-1 tube 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 6. Notify parent/guardian <p>Comments: _____</p>
<p>Signs of Severe Low Blood Glucose</p> <ul style="list-style-type: none"> ▪ Not able to or unwilling to swallow ▪ Unconsciousness ▪ Seizure ▪ GIVE NOTHING BY MOUTH! 	<ol style="list-style-type: none"> 1. Call 911, activate Emergency response 2. Place student on side 3. If personnel are authorized to use Glucagon, give prescribed dose: ____ mg(s) Intramuscular 4. Suspend disconnect pump/send pump to hospital with parent/EMS 5. Remain with student until help arrives 6. Notify parent/guardian and school nurse <p>Comments: _____</p>

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

- Causes: •Illness •Underestimated carbohydrates and bolus •Hormonal Changes •Increased stress/anxiety
•Excessive exercise without proper insulin •Insulin pump not delivering insulin (specific to pump)

<p>Signs of High Blood Glucose (STUDENT IS ALERT)</p> <p>Symptoms could include: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Extreme Thirst <input type="checkbox"/> Headache <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Nausea <input type="checkbox"/> Increased Urination 	<ol style="list-style-type: none"> 1. Drink water or DIET pop (caffeine free); <u>1 ounce water/year of age/per hour</u> 2. Be allowed to carry water bottle and use rest room as often as needed 3. <input type="checkbox"/> Use insulin Correction orders when blood glucose is over ___ mg/dl X2 and it has been > than 2.5 hours since last insulin dose. Recheck blood glucose in 2.5 hours following correction. 4. <input type="checkbox"/> Check urine ketones or <input type="checkbox"/> blood ketones, if glucose is greater than ___ mg/dl or ___ when ill and/or vomiting 5. If urine ketones are moderate to large or if blood ketones are greater than 0.6 mmol, call parent immediately! 6. Recommend child be released from school when ketones are moderate to large in order to be treated and monitored more closely by parent/guardian 7. Student may stay in school and return to class unless student exhibits nausea, vomiting, stomachache or is lethargic; contact parent, student should be released from school. 8. Notify parent/guardian <p>Comments: _____</p>
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Parent: _____ Parent Signature: _____ Date/Updated: _____
School Nurse: _____ School Nurse Signature: _____ Date/Updated: _____