

*** If your child has DIABETES, please complete this form with the assistance of your child's doctor ***



DIABETES EMERGENCY CARE PLAN

Student Name: _____ **Grade:** _____ **Locker #** _____

Medical Condition: [] Type I Diabetes Date of diagnosis: _____
 [] Type II Diabetes

Other Medical conditions: _____

Emergency Contact Information:

	<i>Mobile</i>	<i>Home</i>	<i>Work</i>
Mother			
Father			
Physician			
Other: (nanny, driver, grandparent)			

Current Medication(s):

Name of Medication	Dosage (units)	Time	Used at home or at school

***** In the event of symptoms in the classroom, call for the School Nurse to come to the classroom or have the student escorted to the Nurse's Office with an adult!! *****

***** In the event of a fire drill, _____ must take his medications and supplies with him/her *****

This **Emergency Care Plan** will be followed by all staff members during a diabetic emergency. A more comprehensive **Diabetes Medical Management Plan (DMMP)** is on file in the Nurse's Office which is to be followed by trained personnel.

Parent Signature

Date

School Nurse Signature

Date

Classroom Teacher Signature

Date

*** If your child has DIABETES, please complete this form with the assistance of your child's doctor ***

Student Name: _____

Grade: _____

QUICK REFERENCE EMERGENCY PLAN
(detailed DMMP in Nurse's Office)

HYPOGLYCEMIA (Low Blood Sugar)

*** Check off student's usual symptoms*

<p><u>Causes:</u></p> <ul style="list-style-type: none"> - too much insulin - skipped meal - delayed meal - too much exercise - unsched exercise - ↑ stress 	➔	<p><u>Mild-Moderate Symptoms:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> hunger <input type="checkbox"/> pale color <input type="checkbox"/> sweating <input type="checkbox"/> shaking <input type="checkbox"/> tired / drowsy <input type="checkbox"/> cannot concentrate <input type="checkbox"/> irritable <input type="checkbox"/> personality change <input type="checkbox"/> confused <input type="checkbox"/> dizziness <input type="checkbox"/> slurred speech <input type="checkbox"/> 	➔	<p><u>Action:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Escort student to Nurse's Office <input type="checkbox"/> Provide quick-sugar source: _____ (glucose tabs/juice/soda/glucose gel) <input type="checkbox"/> Check blood sugar per DMMP <input type="checkbox"/> Notify parents <input type="checkbox"/> Wait 10-15 minutes <input type="checkbox"/> Recheck BS <input type="checkbox"/> Repeat food if symptoms persist, or BS < _____. <input type="checkbox"/> Follow with a snack (e.g. cheese & cracker) <input type="checkbox"/>
	➔	<p><u>Severe Symptoms:</u> <i>above symptoms, plus:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> loss of consciousness <input type="checkbox"/> seizure/convulsion <input type="checkbox"/> unable to swallow 	➔	<p><u>Action:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Notify School Nurse <input type="checkbox"/> Notify parents <input type="checkbox"/> Call for ambulance <input type="checkbox"/> Check blood sugar per DMMP <input type="checkbox"/> Administer glucagon per DMMP • Do not give anything by mouth • Place student in recovery position • Stay with student

HYPERGLYCEMIA (High Blood Sugar)

*** Check off student's usual symptoms*

<p><u>Causes:</u></p> <ul style="list-style-type: none"> - too much food - too little insulin - ↓ activity - illness/infection - ↑ stress 	➔	<p><u>Mild-Moderate Symptoms:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> thirst <input type="checkbox"/> frequent urination <input type="checkbox"/> flushed <input type="checkbox"/> hunger <input type="checkbox"/> tired / drowsy <input type="checkbox"/> cannot concentrate <input type="checkbox"/> blurred vision <input type="checkbox"/> personality change <input type="checkbox"/> stomach pain/cramps <input type="checkbox"/> sweet, fruity breath <input type="checkbox"/> nausea <input type="checkbox"/> dry mouth 	➔	<p><u>Action:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Allow free use of bathroom <input type="checkbox"/> Encourage student to drink water <input type="checkbox"/> <input type="checkbox"/> Escort student to Nurse's Office <input type="checkbox"/> Check blood sugar per DMMP <input type="checkbox"/> Notify parents <input type="checkbox"/> Follow DMMP, give insulin, if applicable
	➔	<p><u>Severe Symptoms</u> <i>above symptoms, plus:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> vomiting <input type="checkbox"/> weak <input type="checkbox"/> confused <input type="checkbox"/> loss of consciousness 	➔	<p><u>Action:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Notify School Nurse immediately <input type="checkbox"/> Notify parents <input type="checkbox"/> Call for ambulance <input type="checkbox"/> Check blood sugar per DMMP <input type="checkbox"/>