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| **Emergency Plan: *Potential for Low Blood Sugar*** *(hypoglycemia)* **Valid for** **School Year** | **Student Name:       Grade:**  **DOB:       Trade/Technology:** |
| **Mother/Guardian Name:**  **Address:**  **Phone: (H)****(W)****(C)** | **Alternate Emergency Contact Name:**  **Address:**  **Phone: (H)       (W)       (C)** |
| **Father/Guardian Name:**  **Address:**  **Phone: (H)       (W)       (C)** | **Allergies:**       **Other Health Info:**  **Contact Parent at**       **for any unresolved pump problems if school nurse is not available.** |
| **Classroom Emergency Plan:**  **Student to carry at all times\*:**  **blood glucose monitoring equipment**  **snack  glucose tabs or gel  glucagon kit**  **\* Especially important when offsite, for PE class, & any during any emergency such as, fire drill, lockdown and evacuation.**  **Extra supplies are located:** Warning Signs of Hypoglycemia (Low Blood Sugar < 70): Moody or irritable behavior, nervousness, fatigue, confusion, staring into space, inappropriate actions, unusual drowsiness, nervousness, confusion, shakiness, crying., headache, slow or incoherent speech, poor concentration, muscle cramps, poor coordination, sweating, blurred or double vision, numbness or tingling in the arms, legs, feet or around mouth, sudden hunger or paleness.  **Hypoglycemia is most likely to occur:**   * When meals or snacks are missed or delayed. * When participating in a strenuous activity * During a lengthy field trip or field day activity.   **See field trip/production checklist on next page** | **Treatment for Hypoglycemia:**  If on school grounds, notify School Nurse at:       **(contact number)**  Student to self-administer glucose test in classroom when possible  Student to eat snack or take glucose tabs/gel as ordered  Student to check insulin pump  Send to nurse with security/staff escort or nurse will respond to classroom.  If you need to assist student (**student is unable to perform actions above, but is conscious**)—Give the following:  #\_\_\_\_\_ glucose tabs **OR**  hard candy **OR**  ½ cup juice **OR**  8 oz of milk **OR**  ½ can regular (NOT DIET) soda **OR**  other:  **Improvement is expected within \_\_\_\_\_\_\_ minutes. *If nurse is not available and student is not improved*,**  **repeat glucose test in 15 minutes**  **if glucose level is less than 70 or symptoms have not subsided, repeat sugar source and notify administrator & parent.**  **If symptoms worsen or student is unresponsive, DON’T give anything by mouth and**  **administer Glucagon** **mg by injection (if glucagon is available and you are trained to do so).  Call 911/EMS. Tell operator this is a student with diabetes who is unresponsive. Do not leave student’s side.  Turn student on his/her side.  Notify parent, school nurse & Administrator** |
| **Reminders:**   * **If student has symptoms, the most important thing to do is get the student to test blood sugar and treat with some form of sugar immediately. If student has symptoms and can’t test blood sugar treat with appropriate sugar source.** * **Vomiting and headache are normal after glucagon administration** * **If you are a glucagon administration trained staff person accompanying a student off-site you need to stay in close proximity to the student the entire time.** * **Prior to leaving school grounds always ask the student where he/she keeps supplies to be accessed in the event of an emergency** * **Try to normalize the student's classroom experience.**   **Other:** | **\*\*\*Checklist before going off-site\*\*\*:**  **Be sure student has eaten breakfast**  **Plan for student to have lunch on time**  **Instructor to speak with school nurse prior to departure.**  **Student to see with school nurse prior to departure**    **Be sure student is carrying:**  **blood glucose testing supplies**  **a snack**  **glucose tabs/gel**  **glucagon  insulin**  **insulin pump supplies**  **Other:**  ***If student is not carrying necessary supplies , contact school nurse or an administrator to determine appropriate action.*** |
| **Care plan created and reviewed with**  **student**  **parent (name) :       by       RN, School Nurse** | |