PANTEGO CHRISTIAN ACADEMY

PLACE PHOTO HERE

_____'s Diabetes Action Plan Date: _____

Child's Name

Target Blood Sugar _____ to _____ Teacher/Grade: _____ Date of Birth: _____

Parent: _____ Phone number: (cell)_____ (work)_____
Parent: _____ Phone number: (cell)_____(work)_____
Emergency Contact: _____ Phone number: _____
Physician: _____Phone number: _____

Diabetes Information

Hyperglycemia (High Blood Sugar) *Not enough insulin in the body to allow sugar to be used*		Hypoglycemia (Low Blood Sugar) *Usually happens before lunch or after exercise*	
* Excessive thirst	* Excessive hunger	* Weakness, fatigue	* Excessive hunger
* Flushed dry skin	* Fruity odor to breath	* Feeling faint	* Abdominal pain
* Frequent urination	* Fatigue	* Dizziness	* Confusion
* Tired	* Weakness	* Shaky, trembling	* Anxious, Irritability
* Blurred vision	* Vomiting	* Nausea	* Sweaty, Pallor
		* Rapid pulse	* Slurred speech

First Aid for High Blood Sugar or Low Blood Sugar

Hyperglycemia (High Blood Sugar

1. Check the blood sugar if signs & symptoms occur.
2. Stay with child continuously
3. Provide water to drink, allow unlimited use of bathroom
4. Do not allow exercise
5. **Call parents if: Blood sugar is above _____**
6. Administer insulin per physician's order
   -For pumps, will student be able to change infusion set, or have an alternate source of insulin at school?
   _____
7. Recheck blood sugar in _____ minutes & at _____ intervals.
8. **Call 911 if**
   - **child loses consciousness**
   - **symptoms worsen**

_____ Parent Initials

Hypoglycemia (Low Blood Sugar)

1. Check the blood sugar if signs & symptoms occur
2. Stay with the child continuously
3. Give the carbohydrate supplement ordered by the **physician if** blood sugar if **less than _____ and the child is conscious, cooperative, & able to swallow**
   - give _____ grams of carbohydrate
     Examples: _____
4. Check blood sugar after 15 minutes
   - If blood sugar does not improve, give fast sugar again.
   - When symptoms improve, provide an additional snack of _____
   - If still no improvement after (2) two fast sugars, call physician and call parents to pick up their child
5. **Call 911, the parents, and the child's physician if:**
   - **the child's symptoms do not subside the child loses consciousness**
   - **symptoms worsen**
6. **Give Glucagon _____mg injection if child is unconscious, experiencing a seizure or unable to swallow. (Place student on side)**
7. When conscious and able to swallow, 4oz of juice may may be until EMS arrives

Additional Pump Instructions: _____
_____
_____

_____ Parent Initials

Diabetes Management at School

Blood Sugar Monitoring

Target Blood Sugar Range: _____ to _____

Usual times to check blood sugar: ☐ Before Snack ☐ Before Lunch ☐ Before PE ☐ After Recess/PE ☐ Other _____

Can the student check his/her own blood sugar? ☐ Yes ☐ No ☐ With Assistance

Glucometer Type/Brand: _____

Supplies/Glucometer will be kept?

Insulin

Does student require assistance with carbohydrate counting: ☐ Yes ☐ No

Can student give his/her own injections &/or operate pump? ☐ Yes ☐ No

Types of Insulin taken: _____ ☐ Pen ☐ Pump ☐ Injection

Usual times of insulin injections: _____ Basal Rate if on pump: _____

Amount of insulin to give: _____

(If a sliding scale is used, physician must order below)

Giving Insulin

Pumps:

Does student know how to:

Change tubing ☐ Yes ☐ No

Change batteries ☐ Yes ☐ No

Change insulin cartridge ☐ Yes ☐ No

Decide bolus amt ☐ Yes ☐ No

Give bolus ☐ Yes ☐ No

Units of Insulin to Give Based on Sliding Scale of Blood Sugar Reading	**Plus**	**Insulin/Carbohydrate Ratio**
Blood Sugar 150-200= _____ Units		Ratio: _____ Units Insulin per _____ Carbs
Blood Sugar 201-250= _____ Units		
Blood Sugar 251-300= _____ Units		
Blood Sugar 301-350= _____ Units		
Blood Sugar 351-400= _____ Units		**IF GREATER THAN _____ CALL PARENT & MD**
Blood Sugar > 401 = _____ Units		

Food and Exercise

Snack times: _____ Will student need to be reminded: ☐ N/A ☐ Yes ☐ No

Does student need a snack before PE? ☐ Yes ☐ No Does student need a snack after PE? ☐ Yes ☐ No

Preferred Snacks:	Foods to avoid:	Student should not exercise if blood sugar is below _____ OR above _____ Other exercise/activity instructions: _____

Any other food or exercise concerns that need to aware of? _____

Field Trips: Extra snacks, glucose monitoring kit, copy of health plan, glucose tablets or other emergency supplies MUST accompany student on all field trips!

Physician's Order (Required)

This diabetic management plan has been approved by:

_____ _____ to _____

Physician Signature Effective Dates

Parent Signature

_____ _____

Parent Signature Date