

Emergency Treatment For Diabetes ISD #2909

Classroom Diabetic Health Care Plan

Student Name: _____ **DOB:** _____ **Effective Date:** _____

Parent/guardian : _____ **School:** _____

Home Phone: _____ **Bus:** yes no **Bus #** _____

Emergency/Cell: _____ **School** _____

Nurse: _____ **Office #** _____

Student Cell phone # _____

Doctor: _____ **Phone #** _____ **fax #** _____

Allergies: _____ **Medications:** _____

Novolog/ Humalog/ Regular insulin (circle type of short-acting insulin used)

Insulin Pump: Yes No

Carb/Insulin Ratio: Breakfast: _____ Snack: _____ Lunch: _____ Diner: _____

Target range for blood glucose is _____ other _____

Can student perform own blood glucose checks? yes no Should Supervise? yes no

Location of meter and testing supplies at school? _____

Insulin Correction Doses

Parental authorization should be obtained before administering a correction dose for high blood glucose levels.

_____ units of blood glucose is _____ to _____ mg/dl _____ units of blood glucose is _____ to _____ mg/dl

_____ units of blood glucose is _____ to _____ mg/dl _____ units of blood glucose is _____ to _____ mg/dl

_____ units of blood glucose is _____ to _____ mg/dl _____ units of blood glucose is _____ to _____ mg/dl

Can student give own injections? yes no If yes, should be supervised? yes no

Can student determine correct amount of insulin? yes no If yes, should be supervised? yes no

Can student draw correct dose of insulin? yes no If yes, should be supervised? yes no

Location of insulin at school? _____

Exercise and sports:

A fast acting carbohydrate such as _____ (provided by the guardian) should be available at the site of exercise or sports.

Student should not exercise if Blood glucose level is below _____ (70)mg/dl, treat until blood glucose is above _____ (100)mg/dl before allowing participation

Snack prior to exercise? yes No Snack after exercise? yes No

Glucagon 1mg injection intramuscular for low blood sugar if needed and call 911.

Student's Physician/Health Care Provider

Signature _____ **Date** _____

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of ISD #72909 to perform and carry out the diabetes care tasks as outlined by this student's Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management plan to all staff members and other adults who

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have custodial care of my child (including bus transportation personnel) and who may need to know this information to maintain my child's health and safety.

Parent/guardian Signature _____ Date _____

Student _____ has been diagnosed with **Type I Diabetes (Juvenile Onset)**. He/She has had this diagnosis since age _____. His/her medication is currently administered via _____ Injections or _____ Insulin Pump.

Problem: Blood glucose control

Goal: Maintain even level of blood glucose; avoid hypoglycemia and hyperglycemia.

Action:

1. Exercise is important and assists in blood glucose control. Exercise causes better and faster usage of blood glucose.
 - a. The same amount of exercise at similar times is recommended.
 - b. A change in exercise regimen has to be compensated with a change in meal pattern.
 - c. **Increased exercise without an increase in food can lead to hypoglycemia (low blood glucose), which can be an emergency.**
 - d. It is best to plan PE and recess after meals or snacks.
2. Student will need to check his blood glucose before snacks, lunch, before going home and whenever he feels "low."
3. The meal planning for diabetes has changed and varies with the types of insulin being used and the method the insulin is delivered. They can eat what they want as long as they have insulin to cover the amount of carbohydrate eaten.
4. Diabetic students may need a mid-morning snack (15-20 gm carbohydrates). He also has a box of snacks in the nurse's office for unplanned low blood sugars.
5. Student uses an insulin pump. An insulin pump is a highly technical instrument that administers fast acting insulin continually at very small intervals throughout a 24-hour period to mimic the release of insulin from a healthy pancreas. An extra dose of insulin (bolus) is given with each meal and snack calculated by the amount of carbohydrate to be eaten and the blood glucose at mealtime. It is not necessary to use sugar free products, but all carbohydrates need to be counted and the insulin adjusted as needed.
6. In the event of a special situation such as a class party, Student can participate but the student will need calculate carbs and administer insulin independently or go to the nurse for carb calculation and insulin coverage.
7. In the event of a special situation such as a class party Student may choose to take the treat home so that it can be incorporated into the meal plan.

Problem: Hypoglycemia (low blood glucose) or "Insulin Reaction"

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Goal: Early recognition and treatment

Action:

1. Low blood glucose (hypoglycemia or insulin reaction) may occur especially after exercise, before meals or if meals are missed, or during stomach upsets.
 - a. Be aware that treatment of early symptoms is the best prevention of an emergency situation. Listen to what the student tells you and how he/she appears. **Do NOT ignore early symptoms. Do not leave Student unattended.**
 - b. On field trips, during transportation, and other times away from the school building, ensure Student receives scheduled snacks and meals at the indicated time and take into consideration additional exercise.
 - c. Student &/or Teacher should carry a source of glucose on such trips in case of hypoglycemia reaction ie. couple of juice boxes, cereal bars, fruit snacks
2. Early, late and advanced symptoms of hypoglycemia are:
 - a. Early symptoms of hypoglycemia
 - ***Paleness** ***Shakiness/trembling** ***Sweating**
 - ***Sleepiness** ***Hunger/"butterfly feeling"**
 - ***Crying/laughing inappropriately** ***Weak/stumbling**

 - ***Headache** ***Tingling** ***Abdominal Pain**
 - ***Dizziness/tachycardia** ***Decreased academic performance**
 - ***Mood changes (tearful, irritable, depressed)**
 - b. Late symptoms of hypoglycemia
 - ***Confusion/disoriented** ***Poor coordination/speech**
 - ***Blurred vision** ***Staggering**
 - c. Advanced symptoms of hypoglycemia can result in brain damage or death.
 - ***Coma** ***Seizure or convulsions**
3. **If you suspect a hypoglycemia reaction you must take action immediately.**
 - a. If trained, check blood glucose level. If below 70 treat as hypoglycemia.
 - b. If Student is conscious and alert, and, able to swallow, give a food item high in sugar. **(juice box/glucose gel)**
 - c. If Student is lethargic, and unresponsive, or cannot swallow, **call for emergency medical assistance (911) immediately. Trained Personnel Give Glucagon 1 mg injection if unresponsive.**
 - d. Notify parents of all reactions.
 - e. Until Student is fully alert and free of symptoms, do not leave him alone.
4. If the student is having repeated episodes of hypoglycemia his meal pattern may need to be altered. Contact parent and school nurse if this occurs.

Problem: Hyperglycemia (Diabetic Ketoacidosis)

Goal: Early recognition of symptoms

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Action:

1. Hyperglycemia is too much glucose in the blood and is the result of eating more food than the cells can use or not having enough insulin to use up the glucose.

2. There are early and late symptoms of hyperglycemia.

a. Early symptoms of hyperglycemia

Increased appetite

Rapid weight loss

Stomach ache

Increased thirst

Increased urination

b. Late symptoms of hyperglycemia

Loss of appetite

Weakness

Disorientation

Rapid respiration

Nausea and vomiting

Drowsiness

Loss of consciousness/Coma

3. Hyperglycemia comes on slowly and is **not** the medical emergency that hypoglycemia is. School staff should know that it is not healthy or good for the diabetic to have high blood glucoses but the parents and physician handle this problem with adjustments in insulin dose.

4. Advanced symptoms of hyperglycemia are similar to those of hypoglycemia.

a. The best way to avoid confusion is to do a blood glucose test with a glucometer. If this is unavailable treat as hypoglycemia (see above).

b. Early symptoms should be reported promptly to parents, school nurse, and doctor. This may require adjustment of diet, exercise or medication.

c. **Advance symptoms of Loss of Consciousness or Coma require immediate emergency intervention no matter the cause.**

Problem: Blood glucose monitoring (Glucometer checks)

Goal: Student and school staff will perform procedure correctly at designated time.

Action: To perform Blood Sugar Testing correctly

The procedure is:

1. Assemble all equipment provided with the glucometer.

2. Wash your hands.

3. Put on disposable gloves if you are doing the procedure.

4. Remove a strip from the container. Tightly shut lid. Do not touch end of strip.

5. Cleanse student's fingertip with soap and water or alcohol wipe. Allow the finger to dry.

6. Prick the side of the finger with penlet.

7. Allow a small drop of blood to form on the fingertip.

8. Carefully touch the drop of blood (not the finger) to the strip.

9. Have the student dispose of lancet in a sharps receptacle; be careful not to prick yourself.

10. After you have read the strip, record the value in the student's daily health record.

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- If the value is between **90 mg/dl** and **150 mg/dl** no action is necessary.
At times other than meals
- If the value is **equal or below 70 mg/dl**, **give a juice box or 15 grams quick acting sugar.**
Recheck in 15 minutes
- If the value is **above 300 mg/dl**, **increase water intake** and trained personnel **give insulin according to doctors orders.** **Recheck** in 30 minutes, notify parent.

11. Notify parents of all blood sugars below 70 or over 300 and, record any action you took in the student record.

12. Occasionally, the student's finger may become sore from repeated tests. If sore or infected fingers are noted, contact school nurse and parent for further instructions.

Problem: Insulin Therapy

Goal: Early recognition and reporting of side effects

Action:

1. Student takes insulin at home and at school via an insulin pump.
2. Complications of insulin therapy include.
 - a. The biggest concern is too much insulin or a fall in the blood glucose. See hypoglycemia.
 - b. The loss of fat at the injection site. This can be avoided by rotating the injection site.

Problem: Insulin Pump

Goal: Safe pump use without complications

Action:

1. If Student uses an insulin pump. For safety reasons, blood glucose test must be taken four to six times a day.
 - a. Any interruption in the insulin delivery can cause the blood glucose to rise. Plugged tubing, low batteries, running out of insulin, or skin infection or abscess can stop or interfere with the insulin delivery.
 - b. Student will need to enter carbs and bolus insulin either before or immediately after meals.
- c. **Contact the parent** and/or the pump manufacturer (1-800 # located on the back of the pump) for the following problems:

Pump alarms

Blank screen

Dead batteries

Pump becomes disconnected

Runs out of insulin.

- d. Back up supplies are kept in the nursing office and individual supply bags provided by parents.

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| | | |
|------------------------|----------------|------------------------------|
| Student Name | DOB | Clinic/Physician Name |
| Parent/Guardian | Phone # | Clinic Phone # |
| Parent/Guardian | Phone # | Emergency contact |
| Allergies | Bus # | |

WARNING SIGNS

Shakiness

Fatigue

Irritable

Inappropriate Actions

Sudden hunger

Nervousness

Unusual Drowsiness

Confusion

Sweating

Headache

Paleness

Crying

Concentration

Hypoglycemia is most likely to occur:

1. When meals or snacks are missed or delayed
2. When participating in a strenuous activity just before lunch
3. During a lengthy field trip or field day activity.

Treatment

If possible, test the blood glucose. If less than 80 give one of the following items. If you do not know how to test or there is no meter to test with... TREAT anyway.

The best rule is “When in doubt TREAT!”

1. Give one of the following:

Juice ½ cup (4-6 oz.)

Milk 1 cup or 1 school sized carton

Regular soda pop (NOT DIET), ½ can

Glucose tablets, chew 2-3 followed by water.

2. Stay with the child
3. Repeat the treatment if necessary in 15 minutes, follow with lunch or a snack.
4. If found unresponsive call 911.
5. Give Glucagon as ordered by the health care provider.

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