# Diabetes Emergency Response Plan

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Chart #</th>
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<td>___________________________</td>
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<table>
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<tr>
<th>School</th>
<th>Grade</th>
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## Mild Low Blood Sugar

Treat when blood sugar is below __________

**Symptoms:** (circle all that apply) hunger, irritability, shakiness, sleepiness, sweating, pallor, lack of cooperation, behavior changes

**Additional symptoms:**

**Treatment:** **Never** leave the student unattended. If treatment is to be provided in the Health Room, a responsible adult should accompany the student from the classroom to the Health Room.

- Test blood sugar. If test equipment unavailable, treat immediately for low blood sugar.
- If blood sugar is below _______, give ½ cup of juice, regular soda or 3-4 glucose tablets.
- Wait 10–15 minutes. Recheck blood sugar. If blood sugar below _______, repeat juice, soda or glucose tablets as above.
- If blood sugar above ________, give snack or lunch. Make sure student is stable before sending to lunch.
- Notify school nurse and parent.

**Comments:**______________________________________________________________

## Moderate Low Blood Sugar

**Symptoms:** (circle all that apply) symptoms of mild low blood sugar, plus may be disoriented, combative or incoherent

**Additional symptoms:**

**Treatment:** **

- If conscious but unable to effectively drink fluids:
  - Give ⅓ to 1 tube of glucose gel, or ⅓ to 1 tube of cake decorating gel.
  - Place between cheek and gum with head elevated. Massage outside of cheek to facilitate absorption through the membrane of the cheek. Encourage student to swallow.
  - Recheck blood sugar in 10 minutes. If still below ________, re-treat as above.
  - Give snack when alert and able to swallow without difficulty.
  - Notify school nurse and parents.

**Comments:**______________________________________________________________
Severe Low Blood Sugar

**Symptoms:** (circle all that apply) Seizures, loss of consciousness, inability/unwillingness to take gel or juice

**Additional Symptoms:**

**Treatment:**

- Stay with student.
- Position student on side.
- Give glucagon by injection; dose ________.
- Call 911.
- Notify school nurse and parents.

**Comments:**

High Blood Sugar

Treat when blood sugar is above______. Call parent/guardian when blood sugar is above______.

**Symptoms:** (circle all that apply) extreme thirst, headache, abdominal pain, nausea, frequent urination

**Additional symptoms:**

**Treatment:**

- Increase liquid (e.g. water) intake.
- Allow student to use restroom as often as necessary.
- Check urine for ketones _____ if sugar is greater than _______ or when ill. If urine ketones are present, call parent immediately!
- Do not allow exercise.
- Student or school nurse should administer insulin as ordered in IHP.
- If student exhibits nausea, vomiting, stomach ache or is lethargic, notify school nurse and parent immediately.

**Comments:**

**Signatures:**

Parent: ____________________________ Date

Physician: ____________________________ Date

Diabetes Educator: ____________________________ Date

School Nurse: ____________________________ Date