



Emergency Care Plan

St. John the Baptist Diocesan High School
Health Office

Diabetes Medical Management Plan

This plan should be completed by the student's personal health care team and parents/guardian. It should be reviewed with relevant school staff, and copies should be kept in a place that is easily accessed by the school nurse (RN), Diabetes Trained School Personnel (DTP) and other authorized personnel.

Date of Plan: _____

Effective Date: _____

Student's Name: _____

Date of Birth: _____ Homeroom Teacher: _____

Date of Diabetes Diagnosis: _____ Grade: _____

Physical Condition: Diabetes type 1

Diabetes type 2

CONTACT INFORMATION

Mother/Guardian: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Father/Guardian: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Student's Doctor/Health Care Provider:

Name: _____

Address: _____

Telephone: _____ Emergency Number: _____

Other Emergency Contact:

Name: _____

Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Notify parents/guardian or emergency contact in the following situations:

Blood Glucose Monitoring

Target range for blood glucose is 70-150 70-180 Other _____

Usual times to check blood glucose: _____

Times to do extra blood glucose checks (*check all that apply*):

before exercise^[SEP]

after exercise

when student exhibits symptoms of hyperglycemia^[SEP]

when student exhibits symptoms of hypoglycemia^[SEP]

other (explain): _____

Can student perform own blood glucose checks? Yes No

Exceptions:

Type of blood glucose meter student uses: _____

Insulin^[SEP] Usual Lunchtime Dose

Base dose of Humalog/Novolog/Regular insulin at lunch (circle type of rapid-/short-acting insulin used) is _____ units or does flexible dosing using _____ units/ _____ grams carbohydrate.

Use of other insulin at lunch (circle type of insulin used):

intermediate/NPH/lente _____ units^[SEP]

or basal/Lantus/Ultralente _____ units.

Insulin Correction Doses

Sliding Scale Method

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

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

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

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

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

Correction Factor Method

Correct blood glucose greater than _____ mg/dl

Correction factor _____

Target blood sugar for correction _____

Can student give own injections?

Yes No

Can student determine correct amount of insulin?

Yes No

Can student draw correct dose of insulin?

Yes No

For Students with Insulin Pumps

Type of pump: _____

Basal rates: _____ 12 am to _____

_____ 12 am to _____

_____ 12 am to _____

Type of insulin in pump: _____

Type of infusion set: _____

Insulin/carbohydrate ratio: _____ Correction factor: _____

Student Pump Abilities/Skills:

Needs Assistance

Count carbohydrates

Yes No

Bolus correct amount for carbohydrates

Yes No

Calculate and administer corrective bolus

Yes No

Calculate and set basal profiles^[SEP]

Yes No

Calculate and set temporary basal rate^[SEP]

Yes No

Disconnect pump^[SEP]

Yes No

Reconnect pump at infusion set^[SEP]

Yes No

Prepare reservoir and tubing^[SEP]

Yes No

Insert infusion set^[SEP]

Yes No

Troubleshoot alarms and malfunctions

Yes No

For Students Taking Oral Diabetes Medications

Type of medication: _____
Other medications: _____

Timing: _____
Timing: _____

Meals and Snacks Eaten at School

Is student independent in carbohydrate calculations and management? Yes No

<i>Meal/Snack</i>	<i>Time</i>	<i>Food content/amount</i>
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____

Healthcare Provider Signature: _____ **Date:** _____
Healthcare Provider Stamp:

Parent/Guardian Signature: _____ **Date:** _____

EMERGENCY MANAGEMENT FOR HYPOGLYCEMIA

SYMPTOMS OF A HYPOGLYCEMIC EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Shaking, fast heartbeat, sweating, anxiety, irritability
- Complaints of hunger, impaired vision, weakness or fatigue
- **Onset may be sudden and can progress to Insulin Shock**

SEVERE SYMPTOMS INCLUDE:

- Appears very pale, feels faint, loss of consciousness
- Seizure activity

TREATMENT:

Stop any activity immediately.

Accompany the student to the Health Office. Notify school nurse immediately.

If off school grounds, provide a source of glucose:

½ - ¾ cup juice

Glucose tabs

Hard candy

Regular soda (not diet!)

Glucose gel

Notify parents/guardian (do not delay treatment – treat or obtain treatment for student first).

STEPS TO FOLLOW FOR A HYPOGLYCEMIC EMERGENCY:

Glucagon ordered: **No** - Activate EMS per District Policy **Yes**- Follow Steps Below:

- Position student on side if possible. If student is unconscious, unresponsive or having a seizure glucagon should be given by a willing trained school staff member.
- After glucagon is given call 911. Notify parents.

Preferred Hospital if transported: _____

- Students receiving glucagon without their parent or guardian present should be transported to the hospital by ambulance. A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.

EMERGENCY MANAGEMENT FOR HYPERGLYCEMIA

SYMPTOMS OF A HYPERGLYCEMIC EPISODE MAY INCLUDE ANY/ALL OF THESE:

- Extreme thirst, frequent urination, increased hunger, fatigue
- Lack of concentration, sweet fruity breath, blurred vision
- Dry mouth, nausea, stomach pain, vomiting

SEVERE SYMPTOMS INCLUDE:

- **Labored breathing, very weak, confusion, unconsciousness**

TREATMENT:

- Stop any activity immediately.
- Accompany the student to the Health Office. Notify school nurse immediately.

CHECK BLOOD GLUCOSE LEVEL:

If blood glucose \geq _____ mg/dl	Unresponsive
<ul style="list-style-type: none"><input type="checkbox"/> Send student to school nurse with escort<input type="checkbox"/> Encourage student to drink water or sugar free drink.<input type="checkbox"/> Check urine for ketones<input type="checkbox"/> Restrict participation in physical activity if ketones are moderate to large, or blood ketones are >0.6 mg/dl.	<ul style="list-style-type: none"><input type="checkbox"/> Recover position to maintain safety.<input type="checkbox"/> Notify Parent/Guardian<input type="checkbox"/> Call 911 or EMS per school policy<input type="checkbox"/> Stay with student until help arrives.