

Emergency Action Plan: Glucose Monitoring Treatment

PHOTO:



STUDENT:	DOB:	GRADE/TEACHER:
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✚ **TREATMENT PLAN: Low Blood Glucose (Hypoglycemia): Below _____ mg/dl**

Causes: •Too much insulin •Too much exercise •High excitement/anxiety •Too few carbohydrates eaten for the amount of insulin given

If you see this:	Follow this: ACTION PLAN
<p>Signs of Mild Low Blood Glucose (STUDENT IS ALERT)</p> <ul style="list-style-type: none"> ▪ Headache ▪ Sweating, pale ▪ Shakiness, dizziness ▪ Tired, falling asleep in class ▪ Inability to concentrate ▪ Poor coordination ▪ Other: _____ 	<ol style="list-style-type: none"> 1. Responsible person accompany student to health room or check blood glucose on site 2. Check blood glucose 3. If less than _____mg/dl, give one of the following sources of glucose: (~15gms for fast-acting sugar (student < 5 y.o. give 7.5gms) <i>(Checked are student's preferred source of glucose but if not available any of these may be used)</i> <ul style="list-style-type: none"> <input type="checkbox"/> 2-4 glucose tablets <input type="checkbox"/> 6-9 Sweettarts® candies <input type="checkbox"/> 2-4 oz. Orange or other 100% juice <input type="checkbox"/> 8 oz of milk <input type="checkbox"/> 4-6 oz. sugar soda (not sugar-free) <input type="checkbox"/> Other: _____ 4. After 10-15 minutes, re-check blood glucose 5. Repeat giving glucose & re-check if necessary until blood glucose is > _____mg/dl. <i>Do not give insulin for the carbs used to bring up glucose level</i> <input type="checkbox"/> Follow with a 15gm complex carb snack (do not give insulin for these carbs) OR if lunch time - Send to lunch (give insulin per orders). <i>Notify parent/guardian & school nurse</i> <p>Comments: _____</p>
<p>Signs of Moderate Low Blood Glucose (Student has decreased alertness)</p> <ul style="list-style-type: none"> ▪ Severe confusion ▪ Disorientation ▪ May be combative 	<ol style="list-style-type: none"> 1. Check blood glucose 2. Keeping head elevated, give one of the following forms of glucose: <ul style="list-style-type: none"> • 1 tube Cake Mate® gel or instant glucose applied between cheek and gum 3. After 10-15 minutes, check blood glucose again 4. Re-treat if necessary, until blood glucose is > _____mg/dl, Follow with 15gm complex carb snack (do not give insulin for these carbs) 5. Suspend/disconnect pump. <i>Notify parent/guardian & school nurse</i> <p>Comments: _____</p>
<p>Signs of Severe Low Blood Glucose</p> <ul style="list-style-type: none"> ▪ Not able to or unwilling to swallow ▪ Unconsciousness ▪ Seizure <p>GIVE NOTHING BY MOUTH!</p>	<ol style="list-style-type: none"> 1. Call 911, activate Emergency response, place student on their side, CHECK BG 2. If personnel are authorized give Glucagon, prescribed dose: _____mg(s) Intramuscular 3. Suspend/disconnect pump & send pump to hospital with parent/EMS 4. Remain with student until help arrives . <i>Notify parent/guardian and school nurse</i> <p>Comments: _____</p>

✚ **Treatment Plan: High Blood Glucose (Hyperglycemia) Blood Glucose above _____ mg/dl**

Causes: •Illness •Underestimated carbohydrates and bolus •Hormonal Changes •Increased stress/anxiety •Insulin pump not delivering insulin

<p>Signs of High Blood Glucose (STUDENT IS ALERT) Symptoms could include:</p> <ul style="list-style-type: none"> • Extreme Thirst • Headache • Abdominal Pain • Nausea • Increased Urination • Lethargic • Other: <p>Note:</p> <ul style="list-style-type: none"> • If on a pump, insulin may need to be given by injection – Contact school nurse & parent. • Allow to carry water bottle & use rest room unrestricted. 	<ol style="list-style-type: none"> 1. Provide blood glucose correction as indicated in Provider Orders or per pump. Recheck in 2 hours. 2. When hyperglycemia occurs other than at lunchtime – contact school nurse & parent to determine correction procedure per provider orders or one-time orders. 3. <i>Encourage to drink water or DIET pop (caffeine free) ≥ 1 ounce water/year of age/per hour</i> 4. <i>Notify parents and school nurse if $BG \geq 300mg$ or _____ as indicated on provider orders. Contact the school nurse for Exercise Restrictions and School Attendance per Standards.</i> 5. \checkmark Check urine/blood ketones if BG is over 300mg/dl X2 or _____ as indicated on provider orders. & it has been > than 2 hours since last insulin dose. Recheck blood glucose in 2 hours following correction. Contact school nurse & parent with results. 6. \checkmark Check urine ketones or <input type="checkbox"/> blood ketones, if glucose $\geq 350mg/dl$ or when ill, nausea, stomachache, lethargic, and/or vomiting. Contact school nurse & parent with results. 7. If $BG > 300mg/dl$ & urine ketones are moderate to large or if blood ketones are greater than 1.0 mmol, call parent & school nurse immediately! No exercise. Recommend: Student to be released to parent/guardian for treatment/monitoring at home 8. For PUMP users: If $BG \geq 350$ mg/dl & <u>ketones are positive</u>, insulin to be given by injection by School Nurse or delegated staff (can use pump calculator to determine bolus) and set change by parent/guardian or independent student. If ketones negative, give an insulin bolus via pump and retest in 1-2 hours. Then if the BG continues to be $\geq 350mg/dl$, the correction bolus should be given by injection (can use pump calculator to determine bolus) and set change (to be changed by parent/guardian or independent student). Notify parents of BG results, ketone levels and actions. 9. If student's BG level is ≥ 350 mg/dl & symptomatic (illness, nausea, vomiting) - notify school nurse & parent. Student must go home to be treated/monitored by adult. <p>Comments: _____</p>		
<p>Parent Signature:</p>		<p>Date:</p>	
<p>School Nurse Signature:</p>		<p>Date:</p>	