



ALVIN INDEPENDENT SCHOOL DISTRICT
Emergency Response Plan (to be kept in classroom)

Date: School Year: Teacher: Grade:

Student Name: DOB: ID #:

Parent(s)/Guardian(s):

Phone (H): (W): (Other):

Additional emergency contact information:

Diabetes Care Provider: Phone: Fax:

Diabetes Nurse Educator: Phone: Fax:

Hospital of choice:

Routine Management Target Blood Sugar Range: To

REQUIRED BLOOD SUGAR TESTING AT SCHOOL: TIMES TO DO BLOOD SUGAR

- Before lunch
After lunch
Before P.E.
After P.E.
As needed for signs/symptoms of low or high blood sugar
Call parent if values are below or above
Trained personnel must perform blood sugar test
Trained personnel must supervise blood sugar test
Student can test independently

MEDICATIONS TO BE GIVEN DURING SCHOOL HOURS:

Oral diabetes medication(s)/Dose Time to be administered:

Sliding Scale:

Table with 3 columns: Insulin (Subcutaneous injection) Humalog / Novolog / Regular (Circle Type), To be administered Before Lunch, After Lunch. Rows for different blood sugar ranges.

Insulin/Carb ration unit for every grams of carbohydrate eaten. unit(s) for every mg/dl points above mg/dl

- Student can draw up and inject own insulin
Student cannot draw up own insulin but can give own injection
Trained adult will draw up and administer injection
Student can draw up but needs adult to inject insulin
Student is on pump. Student needs assistance checking insulin dosage
Glucagon (Subcutaneous injection) dosage: Dosage = cc

DIET:

Lunch Time: Scheduled P.E. time: Recess Time:
Snack Time(s): a.m. p.m. Location that snacks are kept: Location Eaten:

- Child needs assistance with prescribed meal plan. Parents/Guardian and student are responsible for maintaining necessary supplies, snack, testing kit, medications, and equipment.

FIELD TRIP INFORMATION

- 1. Notify parent and school nurse in advance so proper training can be accomplished.
2. Adult staff must be trained and responsible for student's needs on field trip.
3. Extra snacks, glucose monitoring kit, copy of health plan, glucose gel or other emergency supplies must accompany student on field trip.
4. Adults accompanying student on a field trip will be notified on a need to know basis.

Student Name: _____ DOB: _____ ID #: _____

MILD LOW BLOOD SUGAR: Symptoms could include (please circle all that apply): hunger, irritability, shakiness, sleepiness, sweating, pallor, uncooperative, crying or other behavioral changes. Additional student symptoms: _____

Student to be treated when blood sugar is below: _____

TREATMENT OF MILD LOW BLOOD SUGAR. With any level of low blood sugar never leave the student unattended. If treated outside of the classroom, **a responsible person should accompany to the health clinic or office for further assistance.**

- Test blood sugar. If kit is not available, treat child immediately for low blood sugar
- If blood sugar is between _____ and _____ and lunch is available, escort to lunch and have child eat immediately!
- If lunch is unavailable, treat immediately as listed below.
- If blood sugar is below _____, give 4 oz. of juice or 6 oz. (½ can) or regular soda pop or 2-3 glucose tablets
- Wait 10 minutes. Recheck blood sugar. Re-treat as above if still below _____
- Follow with snack or lunch when blood sugar rises above _____ or when symptoms improve.
- Notify _____ school nurse _____ and parent.

Comments: _____

MODERATE LOW BLOOD SUGAR: Symptoms: in addition to those listed for mild low blood sugar, student may be combative, disoriented, or incoherent.

TREATMENT OF MODERATE LOW BLOOD SUGAR:

If student is conscious yet unable to effectively drink the fluids offered:

- Administer ¾ to 1 tube of glucose gel, or ¾ to 1 tube of cake decorating gel. Place between cheek and gum with head elevated. Encourage student to swallow. Student may be uncooperative.
- Call _____ parent and _____ school nurse.
- Retest in 10 minutes. If still below _____, re-treat as above.
- Give regular snack after 10 minutes, when blood sugar rises above _____ or when symptoms improve.

Comments: _____

SEVERE LOW BLOOD SUGAR: Symptoms include: Seizures or loss of consciousness, unable/unwilling to take gel or juice.

TREATMENT OF SEVERE LOW BLOOD SUGAR

- Stay with student
- Roll student on side
- Do not put anything in mouth
- Appoint someone to call 9-1-1 and school nurse
- Protect from injury.
- Give glucagon subcutaneously (if ordered and if a nurse or other delegated person is available).
 - Dose = _____ cc (can use an insulin syringe to mix and administer if needed:
 - Number of units of glucagon = _____ units

Comments: _____

HIGH BLOOD SUGAR: Student must be treated when blood sugar is above _____. Call parent/guardian if blood sugar is greater than _____. Symptoms could include (circle all that apply): extreme thirst, headache, abdominal pain, nausea, increased urination.

Additional student symptoms: _____

TREATMENT OF HIGH BLOOD SUGAR:

- Drink 8-16 oz. of water or DIET pop every hour
- Use restroom as often as needed
- Be allowed to carry water bottle.
- Check urine ketones or blood ketones. If sugar is greater than _____ or when ill.
- If urine ketones are moderate to large, or if blood ketones are greater than 0.6 mmol/L, call parent immediately.

DO NOT ALLOW TO EXERCISE

- Administer insulin if ordered.

If student exhibits nausea, vomiting, stomachache, or is lethargic, please notify _____ school nurse and _____ parent contact ASAP. Send student back to class if none of the above physical symptoms are present.

PERMISSION SIGNATURES:

Parent/Guardian: _____ Phone: _____ Date: _____

Physician: _____ Phone: _____ Date: _____

School Nurse: _____ Phone: _____ Date: _____