

DIABETES ACTION PLAN

School:		Year:
Student Name:	Date of Birth:	Grade:
Blood Glucose Target Range:		mg/dL TO mg/dL

HYPOGLYCEMIA - Low Blood Sugar (Contact the School Nurse/Health Assistant at: 209 - _____)

MILD TO MODERATE SYMPTOMS: Shaky or jittery, sweaty, hungry, pale, headache, blurry vision, sleepy, dizzy, lightheaded, confused, disoriented, uncoordinated, irritable or nervous, argumentative, combative, changed personality, changed behavior, inability to concentrate, weak, lethargic.

TREATMENT:

- Provide quick-acting glucose (sugar) product equal to _____ grams of carbohydrates. Examples of 15 grams of carbohydrates are listed below:
 - ◆ 4 glucose tablets
 - ◆ 1 tube of glucose gel
 - ◆ 4 ounces of fruit juice (NOT low-calorie or reduced sugar)
 - ◆ 4-6 ounces (½ can) of soda (NOT low-calorie or reduced sugar).
- Wait 15 minutes.
- Recheck blood glucose level.
- Repeat quick-acting glucose product if blood glucose level is less than _____ mg/dL.
- Once the student's blood glucose returns to normal, check blood glucose level one (1) hour later.

SEVERE SYMPTOMS: Not able to eat or drink, unconscious, unresponsive, seizures or convulsions.

EMERGENCY TREATMENT:

- **Call 911.**
- Position the student on their side.
- Do not attempt to give anything by mouth.
- Administer glucagon: _____ mg at _____ site. (If student has glucagon injection kit)
- Contact student's parent/legal guardian: _____ Phone: _____
- Stay with student until Emergency Medical Services arrive.

HYPERGLYCEMIA - High Blood Sugar (Contact the School Nurse/Health Assistant at: 209 - _____)

MILD TO MODERATE SYMPTOMS: Increased thirst and/or dry mouth, frequent or increased urination, change in appetite and nausea, blurred vision, fatigue.

TREATMENT:

- Check the blood glucose level.
- Check the urine or blood for ketones if blood glucose levels are greater than _____ mg/dL.
- Calculate the Insulin Correction Dose needed.
- Administer supplemental insulin dose: _____. (If student uses a pump, see Individual Health Plan or 504 Plan).
- Give extra water or non-sugar-containing drinks (NOT fruit juice): _____ ounces per hour.
- Allow free and unrestricted access to the restroom.
- Recheck blood glucose every 2 hours to determine if decreasing to target range of _____ mg/dL.
- Restrict participation in physical activity if blood glucose is greater than _____ mg/dL and if ketones are moderate to large.
- Notify parents/legal guardians if blood glucose is greater than _____ mg/dL or if ketones are present.

SEVERE SYMPTOMS: Dry mouth, extreme thirst, dehydration, nausea and vomiting, severe abdominal pain, fruity breath, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, decreased level of consciousness.

EMERGENCY TREATMENT:

- **Call 911** right away.
- Contact student's parent/legal guardian: _____ Phone: _____
- Stay with student until Emergency Medical Services arrive.

National Insitute of Diabetes and Digestive and Kidney Diseases (NIDDK), <https://www.niddk.nih.gov/>

This is confidential information. Under FERPA law, each staff member with this information has the responsibility to prevent inadvertent disclosure and store protected health information in a secure location. Please contact the School Nurse if you have any questions. This Individualized Health Plan provides for routine accommodations that the Catalina Foothills School District makes available to any student who needs such routine accommodations. This IHP is separate and does not require a 504 plan or Individualized Education Plan (IEP) to accompany it.

Signatures

Parent/Legal Guardian		Date:	
School Nurse		Date:	