LOW BLOOD SUGAR SYMPTOMS

Blurred Vision	Fatique	Irritability	Trembling	Dizziness	Headache
Personality Change	Weakness	Fast Heartbeat	Hunger	Sweating	

Comments:___

LOW BLOOD SUGAR TREATMENT
(Teachers: Student with symptoms MUST be escorted to the Health Room). If student is experiencing symptoms, TEST BLOOD SUGAR.

For blood sugar <___ give 15 gms fast acting carbohydrate___

For blood sugar <___ give 30 gms fast acting carbohydrate___

If lunch or snack time - allow child to eat normal amounts of carbohydrate.
If not lunch or snack time - repeat blood sugar in 15-20 minutes. Repeat treatment as needed. (Parent will provide appropriate drinks and/or food).

Retest blood sugar in___ minutes. If under,___ repeat above treatment. If student is feeling better, he/she can

___

LOW BLOOD SUGAR TREATMENT FOR INSULIN PUMP THERAPY: In addition to the interventions listed above, if student who is using an insulin pump becomes unconscious due to a severe low blood sugar, trained staff will disconnect tubing from insulin pump. Call 911 and the child's parent. For severe hypoglycemia with loss of consciousness or seizure, call 911, administer Glucagon 0.5 mg (<44 lbs), 1 mg (>44 lbs), then shut pump off & call parents.

HIGH BLOOD SUGAR SYMPTOMS (Teachers: Allow use of a water bottle in class and use of the restroom as needed.)

Blurred Vision	Freq Urination	Nausea/Vomitting	Drowsiness	Stomachness	Extreme Thirst	Hunger	Heavy Labored Breathing

Comments:___

Test blood surgar if over___ student should drink large amounts of water.

Test urine ketones if blood sugar is over___ or if child is experiencing symptoms of high blood sugar.

HIGH BLOOD SUGAR TREATMENT FOR INSULIN PUMP THERAPY

In addition to the interventions listed above, if student is using an insulin pump and blood sugar is over 240 or___

for two readings in a row, call parent/guardian.

Blood Glucose Target Range:___

On Insulin Pump Therapy - High blood sugar before meals and 2 hours after:

Assess for pump/tubing/site problems.

Blood sugar is >___ give extra insulin by using the S/S or ISF.

Repeat blood sugar within___ hours if previous blood sugar >___

If report blood sugar >___ give insulin by syringe using the S/S or ISF.

Contact parents/guardians and/or health care provider if blood sugar >___ and vomiting, difficulty breathing or lethargy (or other ketoacidosis)

Repeat blood sugar every___ hour(s). Give insulin using the S/S or ISF until the blood sugar is <___

Insulin Sensitivity Factor (ISF)

(correction factor)

1 unit of insulin will bring the blood sugar level down by:___

See student's table/formula

Sliding Scale			
Blood Sugar		Insulin Dose	
	mg/dl		units
	mg/dl		units
	mg/dl		units
	mg/dl		units

Comments:___

EMERGENCY DIABETIC CARE PLAN

☐ Leona Doubek Elementary	☐ Prairie View Elementary	☐ East Troy Middle School	☐ East Troy High School
Phone: 262-642-6730	Phone: 262-642-6720	Phone: 262-642-6740	Phone: 262-642-6760
Fax: 262-642-6723	Fax: 262-642-6788	Fax: 262-642-6743	Fax: 262-642-6776

Last Name:______________________ First Name:______________________ Date of Birth:______________ ☐ M ☐ F

I have UNSULIN-DEPENDENT DIABETES which means I must take insulin every day along with balancing my diet and exercise. It is important for you to understand some things about diabetes while I am in your care.

Several times a day, I check my blood sugar levels by using a special meter the I keep:

☐ with me ☐ in the office ☐ other: ______________________

LOW BLOOD SUGAR REACTIONS

Occasionally, my blood sugar may be too low (insulin reaction). This can be very dangerous. A low blood sugar reaction can be a result of receiving too much insulin, skipping a meal or snack, or an unusual amount of exercise. If you think my blood sugar is low, I may check my blood sugar in the classroom. If I go elsewhere to check my blood sugar, someone must accompany me. Some symptoms of low blood sugar may be:

- Shakiness
- Change in personality
- Confusion
- Sweatiness
- Feeling “low” or “hungry” or “tired”
- Looking pale or flushed in the face

If my blood sugar is low (<60mg/dl), I need fast-acting sugar quickly. You can give me______________________

I should start to feel better in 10-15 minutes. If my blood sugar remains low, call my parents and do the following:______________________

If my blood sugar drops too low, I may become unconscious or have a seizure. If this happens:

Call 911.

Give Glucagon** by injection. The following are trained to do this:

**Glucagon is not life threatening even if it is given when not needed.*

*______________________

*______________________

*______________________

Call my parents.

Date Authorized:______________________

I have reviewed and approved the Individualized Health Care Plan for Diabetes Management. I understand that specialized health care services will be performed by designated school personnel under the training and supervision provided by the School District Nurse or designee. This consent shall remain in effect through the end of the current school year unless discontinued or changed in writing. The plan or appropriate parts of the plan will be share with relevant school staff.

Physician's Signature:______________________ Date:______________

Parent/Guardian's Signature:______________________ Date:______________

District Nurse's Signature:______________________ Date:______________

Building Administrator's Signature:______________________ Date:______________

Other Staff's Signature:______________________ Date:______________

Other Staff's Signature:______________________ Date:______________

Other Staff's Signature:______________________ Date:______________