

(Sample #1)

Emergency Action Plan Diabetes Healthcare

Student's Name _____ Grade _____

Address _____ Home Phone _____

Father/Guardian _____

Phone: Home _____ Work _____ Cell _____

Mother/Guardian _____

Phone: Home _____ Work _____ Cell _____

Other person to contact in an Emergency:

Name _____

Address _____

Phone: Home _____ Work _____ Cell _____

Hospital Preferred _____

Physician(s) or Health Care Provider's Name _____

Phone _____

Emergency items to be left at school:

Glucose tablets _____	Glucagon _____
Snacks _____	Blood glucose meter _____
Glucose Gel _____	Insulin _____
_____	Syringes _____
_____	Other _____

In the event of a low blood sugar response, the procedure routinely followed at school is: to give some form of sugar or carbohydrate, such as ½ carton of milk, ½ cup fruit juice, or ½ cup non diet soda, followed by crackers with cheese. If the student is unconscious, call 911. Call parents/guardians.

I approve the above emergency healthcare action plan as written Yes ____ No ____

Please make the following changes to the emergency healthcare action plan:

- (continued on back) -

(Sample #1 Continued)

Emergency Action Plan Diabetes Healthcare

List other additional information or significant special health concerns of this student.

I give permission for emergency blood glucose testing by the school nurse or designee using equipment I have provided. I understand that when the school nurse or designee is not available for emergency blood glucose testing, the parent/guardian will be notified or “911” will be called. Yes _____ No _____

Additional directions regarding blood glucose testing: _____

Written and submitted by: _____

Nurse or Designee

Date

Reviewed and signed: _____

Parent/guardian

Date

Student

Date

Physician or Health Care Provider

Date

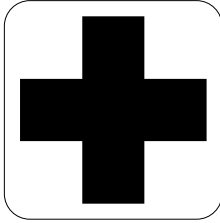
To be reviewed _____

Date

The emergency healthcare action plan should be revised according to the child’s specific needs, at least annually.

Source: “Diabetes Management in the School Setting”, 1998, Missouri Association of School Nurses. Sample of Springfield School District Emergency Action Plan – Diabetes Healthcare.

(Sample #2)



Health Services Department Emergency Plan DIABETES

In an emergency:

- 1) Stay with child.
- 2) Call / ask someone to call school _____ who will assess child and summon EMS if needed.

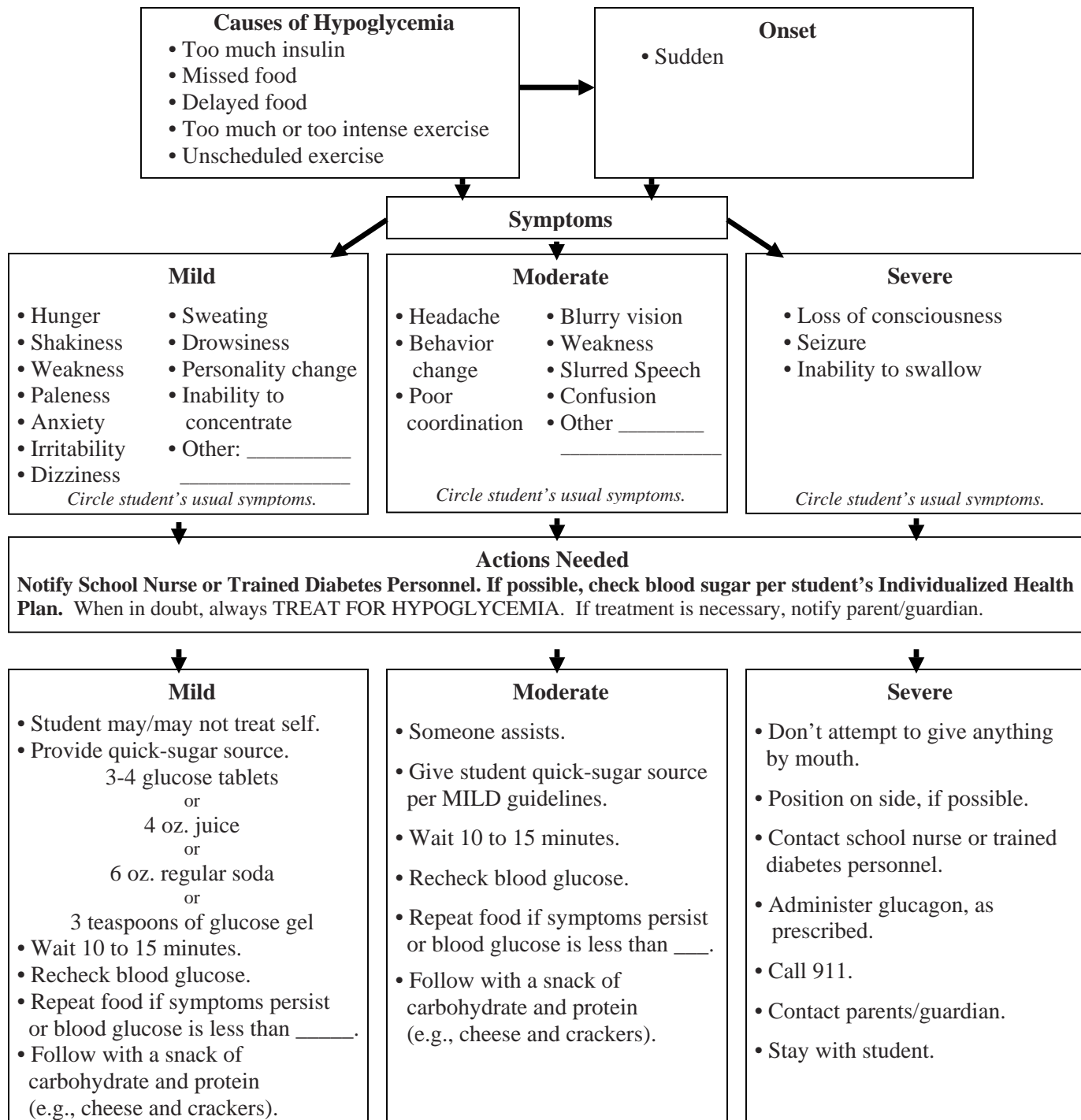
<u>IF YOU SEE THIS:</u>	<u>DO THIS:</u>
(Based on this child's current condition, a Medical Emergency for this child is:)	
IF student is not responsive (unconscious, having seizures, or is unable to swallow)	<ul style="list-style-type: none"> • CALL 911... Call Parents/Guardians • Don't attempt to give anything by mouth. • Position on side, if possible. • Contact school nurse or trained diabetes personnel. • Administer glucagon, as prescribed. • Stay with student.
IF student is non-responsive, but able to swallow	<ul style="list-style-type: none"> • Squirrt _____ inside cheek closest to ground. • _____ is kept in _____. • Measure Blood Sugar with monitor (to be done by _____).
IF student is responsive	<ul style="list-style-type: none"> • Hypoglycemic (low blood sugar) reaction: IF Blood Sugar reading is _____ or below, then give _____. • Hyperglycemia (high blood sugar) reaction: Keep student walking or sitting and drinking water. • If Blood Sugar is > _____ mg/dl, student, school nurse or assigned person (identify: _____) should check urine for ketones.

IMPORTANT EMERGENCY NUMBERS:	
_____	_____
_____	_____
_____	_____
_____	_____

Adapted from: "Diabetes Management in the School Setting", 1998, Missouri Association of School Nurses. Sample from Lee's Summit School District.

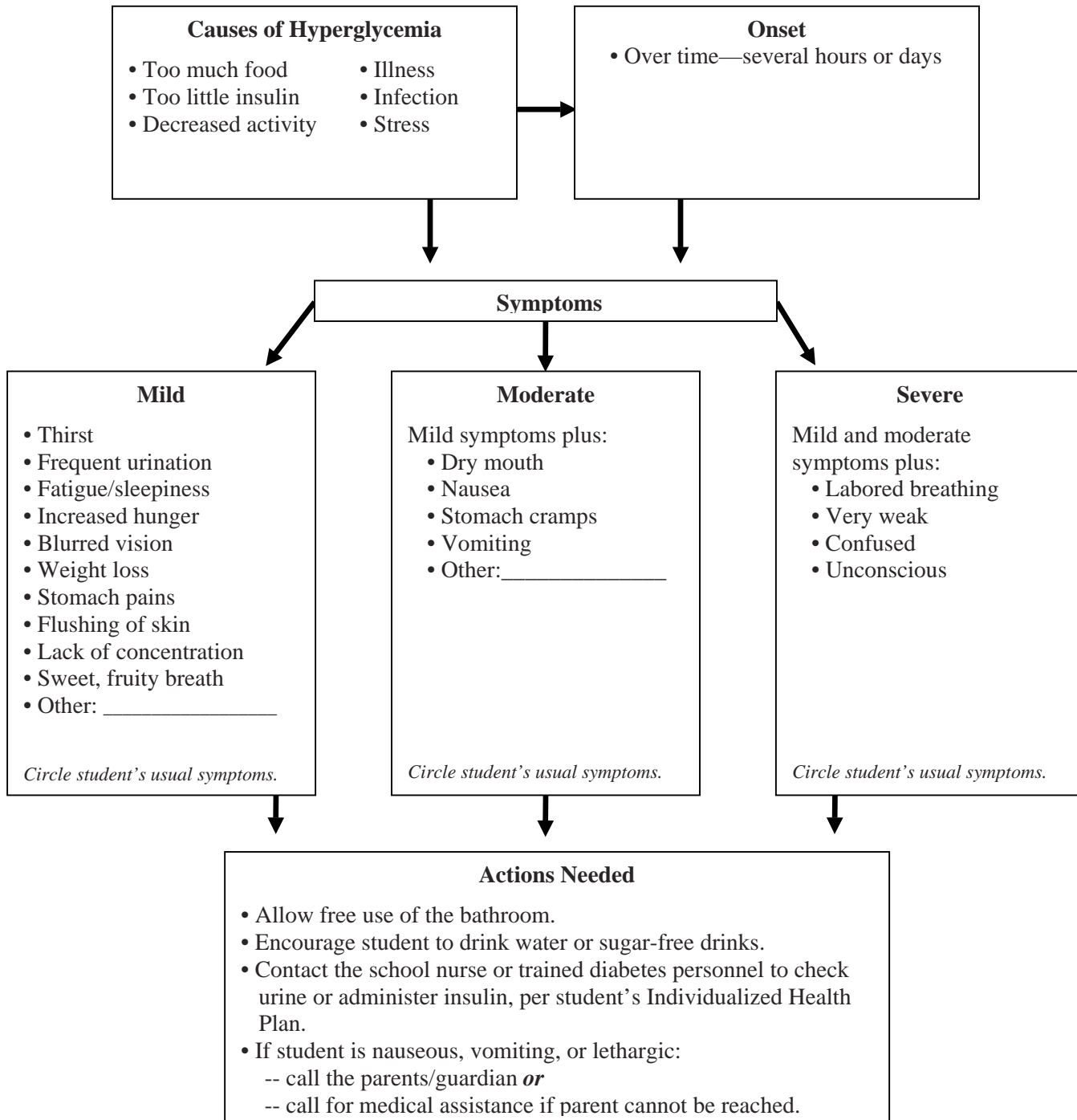
Hypoglycemia (Low Blood Sugar) Quick Reference Emergency Planning Tool

Never send a child with suspected low blood sugar anywhere alone.



Adapted from: *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, June 2003, Page 53. National Diabetes Education Program. http://www.ndep.nih.gov/diabetes/pubs/Youth_SchoolGuide.pdf

Hyperglycemia (High Blood Sugar) Quick Reference Emergency Planning Tool



Adapted from: *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, June 2003, Page 54.
National Diabetes Education Program. http://www.ndep.nih.gov/diabetes/pubs/Youth_SchoolGuide.pdf