

's Diabetes Action Plan

Date: _____

Child's Name _____

Child's DOB: _____

Child Care/School: _____ Teacher: _____ Classroom/Gr.: _____

1) Parent/Guardian: _____ Phone: (w) _____ (c) _____ (h) _____

2) Parent/Guardian: _____ Phone: (w) _____ (c) _____ (h) _____

3) Emergency contact: _____ Phone: (w) _____ (c) _____ (h) _____

Physician: _____ Phone: _____ Fax: _____

Diabetes Information**Hyperglycemia (High Blood Sugar)***Not enough insulin in the body to allow sugar to be used*

- Excessive thirst
- Flushed dry skin
- Frequent urination
- Tired
- Blurred vision
- Excessive hunger
- Fruity odor to breath
- Fatigue
- Weakness
- Vomiting

Hypoglycemia (Low Blood Sugar)*Usually happens before lunch or after exercise*

- Weakness, fatigue
- Feeling faint
- Dizziness
- Shaky, trembling
- Nausea
- Rapid pulse
- Excessive hunger
- Abdominal pain
- Confusion
- Anxious, Irritability
- Sweaty, Pallor
- Slurred speech

First Aid for High Blood Sugar or Low Blood Sugar**Hyperglycemia (High Blood Sugar)**

1. Check the blood sugar if signs & symptoms occur.
2. Check Urine for Ketones if BS above _____
3. Stay with child continuously
4. Provide water to drink, allow unlimited use of bathroom
5. Call parent if:
 - blood sugar is above _____
 - ketones are ☐ moderate or ☐ high
 - experiencing nausea/vomiting
6. Administer insulin per physician's order (see insulin administration orders)
7. Recheck blood sugar in _____ minutes and at _____ intervals.
8. Call 911 if:
 - child loses consciousness
 - unable to reach parent and symptoms worsen
9. Stay with child continuously.

ADDITIONAL PUMP INSTRUCTIONS

- Check pump function
- Check pump site
- Check tubing
- Treat for Hyperglycemia as above

____ Parent initials

ADDITIONAL INFORMATION _____

Hypoglycemia (Low Blood Sugar)

1. Check blood sugar if signs & symptoms occur.
2. Stay with the child continuously.
3. Give the carbohydrate supplement ordered by the physician if blood sugar is **less than _____** and child is **conscious, cooperative, and able to swallow**.
 - Give _____ grams carbohydrate.
 - Examples: _____
4. Check blood sugar after 15 minutes.
 - If blood sugar does not improve, give fast sugar again.
 - When symptoms improve, provide an additional snack of _____.
 - If still no improvement after (2) two fast sugars, call physician and call parent to pick up child.
5. Call 911, the parents, and the child's physician, if:
 - the child's symptoms do not subside
 - the child loses consciousness
 - unable to reach parent and symptoms worsen
6. Give Glucagon _____ mg injection if child is unconscious, experiencing a seizure or unable to swallow. (Place student on side.)
7. When conscious and able to swallow 4 oz. of juice may be given until EMS arrives.

ADDITIONAL PUMP INSTRUCTIONS: _____

____ Parent initials

ADDITIONAL INFORMATION _____

