	's Diabe	tes 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:			
3) Emergency contact:			
Physician:			
Diabetes Information			
Hyperglycemia (High Blood Sugar)		<u>Hypoglycem</u>	ia (Low Blood Sugar)
Not enough insulin in the body to allow sugar to be used		Usually happens before lunch or after exercise	
 Excessive thirst Flushed dry skin Frequent urination Tired Blurred vision Excessive hunger Fruity odor to brea Fatigue Weakness Vomiting 	th	 Weakness, fatigut Feeling faint Dizziness Shaky, trembling Nausea Rapid pulse 	Abdominal painConfusion
First Aid for High Blood Sugar or Low Blo	od 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		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		Parent initials	
ADDITIONAL INFORMATION		ADDITIONAL INFORMATION	

Diabetes Management	at School or Childcare Facility			
Blood Glucose Monitoring Due to the variety of glucose meters, follow the manufacturer's instructions carefully.	Target Blood Sugar Range:mg/dl tomg/dl Usual times to check blood sugar: □Before snack □Before lunch □Before PE □After recess/PE □Other Can the child check his/her own blood sugar? □ Yes □ No □ With Assistance Can the child check his/her own ketones: □ Yes □ No □ With Assistance			
Insulin Does student require assistance with carbohydrate counting? □Yes □No Can child give his/her own injections and/or operate pump? □Yes □No □With Assistance	Types of insulin taken: Usual times of insulin injections: Amount of insulin to give: (If a	Basal Rate if on pump:		
Giving Insulin Pumps: Does student know how to: Change tubing □Yes □No Change batteries □Yes □No Change insulin cartridge □ Yes □No Decide bolus amt □ Yes □No Give bolus □ Yes □No	 Using the glucose meter, check the blood sugar. Document blood sugar in log book and notify parent/guar hypo/hyperglycemia. Administer insulin using following calculations (sliding so Units of Insulin to Give Based on Sliding Scale of Blood Sugar Reading PLUS* Blood Sugar 150-200 = Units Blood Sugar 201-250 = Units Blood Sugar 351-300 = Units Blood Sugar 351-400 = Units Blood Sugar 351-400 = Units 	cale plus ratio amount): Insulin/Carbohydrate Ratio Ratio: Units insulin per Carbs		
Qualified Staff DCM or trained by RN	Staff qualified to use glucose meter: Staff qualified to give insulin injections and/pr operate pump: Dich standard available and least.			
Supplies Location	Diabetes care supplies are kept: Supplies of snack foods kept : Additional (emergency) supplies are kept:			
Food and Exercise				
Meals/SnacksTimeBreakfastMid-MorningLunchMid-AfternoonBefore ExerciseAfter ExerciseOther	Food Content / Amount	Preferred Snacks: Foods to Avoid:		
Student should not exercise if blo	ood sugar is below mg/dl OR above mg/dl. s:			
Exercise and Sports or Activity Limits (including any school sponsored event)	Child should not participate in active play if blood sugar is belowmg/dl or abovemg/dl. Physical activity restrictions / limitations / accommodations:			
Physician's Order Required	This diabetic management plan has been approved by:			
Parent Signature Required	Parent Signature	Date		