

Emergency Action Plan: Glucose Monitoring Treatment

STUDENT: _____

DOB: _____

GRADE/TEACHER _____

Insulin Addendum Pump Addendum CGM Addendum Self-Management Plan Other: Addendum _____

✚ TREATMENT PLAN: **Low Blood Glucose (Hypoglycemia): Below _____ mg/dl**

Causes: • Too much insulin • Too much exercise • High excitement/anxiety • Too few carbohydrates eaten for the amount of insulin given

If you see this:	Follow this: ACTION PLAN
<p>Signs of Mild Low Blood Glucose (STUDENT IS ALERT)</p> <ul style="list-style-type: none"> ▪ Headache ▪ Sweating, pale ▪ Shakiness, dizziness ▪ Tired, falling asleep in class ▪ Inability to concentrate ▪ Poor coordination ▪ Other: _____ 	<ol style="list-style-type: none"> 1. Responsible person accompany student to health room or check blood/sensor glucose on site 2. Check blood/sensor glucose 3. If less than _____mg/dl, give one of the following sources of glucose: (~15gms for fast-acting sugar (student < 5 y.o. give 7.5gms) <i>(Checked are student's preferred source of glucose but if not available any of these may be used)</i> <input type="checkbox"/> 2-4 glucose tablets <input type="checkbox"/> 6-9 Sweettarts® candies <input type="checkbox"/> 2-4 oz of juice Other: _____ 4. After 10-15 minutes, re-check blood/sensor glucose 5. Repeat giving glucose & re-check if necessary until blood glucose is > _____mg/dl. <i>Do not give insulin for the carbs used to bring up glucose level</i> <input type="checkbox"/> Follow with a 15gm complex carb snack (do not give insulin for these carbs) OR if lunch time – Send to lunch (give insulin per orders). <i>Notify parent/guardian & school nurse</i> <p>Comments: _____</p>
<p>Signs of Moderate Low Blood Glucose (Student has decreased alertness)</p> <ul style="list-style-type: none"> ▪ Severe confusion ▪ Disorientation ▪ May be combative 	<ol style="list-style-type: none"> 1. Check blood/sensor glucose 2. Keeping head elevated, give one of the following forms of glucose: <ul style="list-style-type: none"> • 1 tube Cake Mate® gel or instant glucose applied between cheek and gum 3. After 10-15 minutes, check blood/sensor glucose again 4. Re-treat if necessary, until blood/sensor glucose is > _____mg/dl. Follow with 15gm complex carb snack (do not give insulin for these carbs) 5. Suspend/disconnect pump. <i>Notify parent/guardian & school nurse</i> <p>Comments: _____</p>
<p>Signs of Severe Low Blood Glucose</p> <ul style="list-style-type: none"> ▪ Not able to or unwilling to swallow ▪ Unconsciousness ▪ Seizure <p>GIVE NOTHING BY MOUTH!</p>	<ol style="list-style-type: none"> 1. Call 911, activate Emergency response, place student on their side; CHECK BG/SG 2. If personnel are authorized give Glucagon, prescribed dose: _____mg(s) Intramuscular OR Give BAQSIMI (3mg): spray in one nostril or GVOKE prescribed dose _____mg(s) intramuscular 3. Suspend/disconnect pump & send pump to hospital with parent/EMS 4. Remain with student until help arrives. <i>Notify parent/guardian and school nurse</i> <p>Comments: _____</p>

✚ TREATMENT PLAN: **High Blood Glucose (Hyperglycemia) Blood/Sensor Glucose above _____ mg/dl**

Causes: • Illness • Underestimated carbohydrates and bolus • Hormonal Changes • Increased stress/anxiety • Insulin pump not delivering insulin

<p>Signs of High Blood Glucose (STUDENT IS ALERT)</p> <p>Symptoms could include:</p> <ul style="list-style-type: none"> • Extreme Thirst • Headache • Abdominal Pain • Nausea • Increased Urination • Lethargic • Other: _____ <p>Note:</p> <ul style="list-style-type: none"> • If on a pump, insulin may need to be given by injection – Contact school nurse & parent. • Allow to carry water bottle & use rest room unrestricted. 	<ol style="list-style-type: none"> 1. Provide blood/sensor glucose correction as indicated in Provider Orders or per pump. Recheck in 2 hours. 2. When hyperglycemia occurs other than at lunchtime – contact school nurse & parent to determine correction procedure per provider orders or one-time orders. 3. <i>Encourage to drink water or DIET pop (caffeine free); 1 ounce water/year of age/per hour.</i> 4. Notify parents and school nurse if BG/SG ≥ 300mg or _____ as indicated on provider orders. Contact the school nurse for Exercise Restrictions and School Attendance per Standards. 5. ✓ Check urine/blood ketones; if BG/SG is over 300mg/dl X2 or _____ as indicated on provider orders. & it has been > than 2 hours since last insulin dose. Recheck blood/sensor glucose in 2 hours following correction. Contact school nurse & parent with results. 6. ✓ Check urine ketones or <input type="checkbox"/> blood ketones; if glucose ≥ 300mg/dl or when ill, nausea, stomachache, lethargic, and/or vomiting. Contact school nurse & parent with results. 7. If BG/SG > 300mg/dl & urine ketones are moderate to large or if blood ketones are greater than 1.0 mmol, call parent & school nurse immediately! No exercise. Recommend: Student to be released to parent/guardian for treatment/monitoring at home. 8. For PUMP users: If BG/SG ≥ 300 mg/dl & ketones are positive, insulin to be given by injection by School Nurse or delegated staff (can use pump calculator to determine bolus) and set change by parent/guardian or independent student. If ketones negative, give an insulin bolus via pump and retest in 1-2 hours. Then if the BG/SG continues to be ≥ 300mg/dl, the correction bolus should be given by injection (can use pump calculator to determine bolus) and set change (to be changed by parent/guardian or independent student). Notify parents of BG/SG results, ketone levels and actions. 9. If student's BG/SG level is ≥ 300 mg/dl & symptomatic (illness, nausea, vomiting) - notify school nurse & parent. Student must go home to be treated/monitored by adult. <p>Comments: _____</p>
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Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

