_____'s Diabetes Action Plan

Child's Name

Date:_____

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_____

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 to _____ mg/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: _____ ☐ Pen ☐ Pump ☐ Injection

Usual times of insulin injections: _____ Basal Rate if on pump: _____

Amount of insulin to give: _____ (If a sliding scale is used, physician must order below.)

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

1) Using the glucose meter, check the blood sugar.
2) Document blood sugar in log book and notify parent/guardian as indicated under **First Aid for hypo/hyperglycemia**.
3) Administer insulin using following calculations (sliding scale plus ratio amount):

Units of Insulin to Give Based on Sliding Scale of Blood Sugar Reading	PLUS*	Insulin/Carbohydrate Ratio
Blood Sugar 150-200 = ____ Units		Ratio: _____ Units insulin per _____ Carbs
Blood Sugar 201-250 = ____ Units		
Blood Sugar 251-300 = ____ Units		
Blood Sugar 301-350 = ____ Units		
Blood Sugar 351-400 = ____ Units		
Blood Sugar > 401 = ____ Units	** IF GREATER THAN _____ CALL PARENT & MD **	

Qualified Staff
DCM or trained by RN

Staff qualified to use glucose meter: _____

Staff qualified to give insulin injections and/pr operate pump: _____

Supplies Location

Diabetes care supplies are kept: _____

Supplies of snack foods kept : _____

Additional **(emergency)** supplies are kept: _____

Food and Exercise

Meals/Snacks	Time	Food Content / Amount
Breakfast	_____	_____
Mid-Morning	_____	_____
Lunch	_____	_____
Mid-Afternoon	_____	_____
Before Exercise	_____	_____
After Exercise	_____	_____
Other	_____	_____

Preferred Snacks:

Foods to Avoid:

Student should not exercise if blood sugar is below _____ mg/dl OR above _____ mg/dl.

Other exercise/activity instructions: _____

Exercise and Sports or Activity Limits (including any school sponsored event)

Child should not participate in active play if blood sugar is below _____mg/dl or above _____mg/dl.

Physical activity restrictions / limitations / accommodations: _____

Physician's Order
Required

This diabetic management plan has been approved by:

_____ _____to_____
Physician Signature Effective Dates

Parent Signature
Required

_____ _____
Parent Signature Date