

EMERGENCY ACTION PLAN

Student Name: _____ Grade No.: _____ Date Requested: _____
Mother/Guardian: _____ Home phone #: _____ Work phone #/Cell: _____
Father/Guardian: _____ Home phone #: _____ Work phone #/Cell: _____
Health care provider: _____ Office phone #: _____
List preferred hospital: _____

**Place
student
photo here**

I have **type 1** / **type 2 diabetes**, which means I take
 insulin / oral medication along with balancing diet and
physical activity. I check my blood glucose several times a
day. Please follow the steps below to help keep me safe.

LOW BLOOD GLUCOSE REACTIONS

My blood glucose may go too low (hypoglycemia). This is very dangerous. If you think my blood glucose is low, let me check my blood glucose in the classroom. If I go elsewhere to check my blood glucose, **someone must accompany me**. Never leave me or send me somewhere alone to check my blood glucose. My symptoms of low blood glucose include (*check*):

- | | | |
|---|---|---|
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Inattentive/spacey | <input type="checkbox"/> Unable to awaken (unconscious) |
| <input type="checkbox"/> Shaky/weak/clammy | <input type="checkbox"/> Slurred/garbled speech | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Blurred vision/glassy eyes | <input type="checkbox"/> Anxious/irritable | <input type="checkbox"/> Convulsion |
| <input type="checkbox"/> Dizzy/headache | <input type="checkbox"/> Numbness or tingling around lips | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sweaty/flushed/hot | <input type="checkbox"/> Poor coordination | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tired/drowsy | <input type="checkbox"/> Unable to concentrate | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fast heartbeat | <input type="checkbox"/> Personality change | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pale skin color | <input type="checkbox"/> Confused/unable to follow commands | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mood/behavior change | <input type="checkbox"/> Unable to swallow | <input type="checkbox"/> Usually has no symptoms |

If my blood glucose is less than: 70 mg/dL **or** _____ mg/dL **I NEED TO EAT FAST-ACTING GLUCOSE QUICKLY**

- 1) Give _____ grams carbohydrate of one of the following (*check*):
 _____ oz milk _____ oz fruit juice _____ grams of glucose gel _____ glucose tablets other _____
- 2) Recheck blood glucose in 15 minutes
- 3) If blood glucose is less than _____ mg/dL, give another _____ grams carbohydrate
- 4) Repeat above steps as needed
- 5) Troubleshoot the cause(s) of the low blood glucose if possible

If my blood glucose drops too low, I may be confused/unable to follow commands, unable to swallow, unconscious, or having a seizure.

- 1) **Do not** give me anything by mouth
- 2) **Give me Glucagon** Dose (*check*): **0.5 mg** or **1.0 mg**
- 3) Position me on my side, as there is a risk of vomiting
- 4) Stay with me; do not leave me alone
- 5) Contact school nurse/trained school personnel
- 6) Call **9-1-1** per school district policies and procedures
- 7) Contact my parents/guardians and/or health care provider
- 8) Check my blood glucose and troubleshoot cause(s) of low blood glucose if possible

Glucagon is not life threatening even if it is given when not needed.

Prepared by School Nurse: _____ Date prepared: _____

Note: It is important to be familiar with your local EMS system