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| 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

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| **If you see this:** | **Follow this: ACTION PLAN** |
| ***Signs of Mild Low Blood Glucose***  **(STUDENT IS ALERT)**   * + Headache   + Sweating, pale   + Shakiness, dizziness   + Tired, falling asleep in class   + Inability to concentrate   + Poor coordination   + Other: | 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)   *(Checked are student’s preferred source of glucose but if not available any of these may be used)*  2-4 glucose tablets  6-9 Sweettarts® candies  2-4 oz of juice  Other:  4. After 10-15 minutes, **re-check** blood/sensor glucose   1. Repeat giving glucose & re-check if necessary until blood glucose is > mg/dl.   *Do not give insulin for the carbs used to bring up glucose level*  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). *Notify parent/guardian & school nurse*  Comments: |
| ***Signs of Moderate Low Blood Glucose***  **(Student has decreased alertness)**   * + Severe confusion   + Disorientation   + May be combative | 1. Check blood/sensor glucose 2. Keeping head elevated, give one of the following forms of glucose:  * 1 tube Cake Mate® gel or instant glucose applied between cheek and gum  1. After 10-15 minutes, check blood/sensor glucose again 2. Re-treat if necessary, until blood/sensor glucose is **>** **mg/dl.** Follow with 15gm complex carb snack (do not give insulin for these carbs) 3. Suspend/disconnect pump. *Notify parent/guardian & school nurse*   Comments: |
| ***Signs of Severe Low Blood Glucose***   * Not able to or unwilling to swallow * Unconsciousness * Seizure   **GIVE NOTHING BY MOUTH!** | 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   1. Suspend/disconnect pump & send pump to hospital with parent/EMS 2. Remain with student until help arrives. *Notify parent/guardian and school nurse*   Comments: |

**✜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

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| ***Signs of High Blood Glucose***  **(STUDENT IS ALERT)**  **Symptoms could include:**   * Extreme Thirst * Headache * Abdominal Pain * Nausea * Increased Urination * Lethargic * Other:   ***Note:***   * 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.* | * + - 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. *Encourage to* drink water or DIET pop (caffeine free): *1 ounce water/year of age/per hour.*       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.***   * + - 1. ✓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.       2. ✓ Check urine ketones or  blood ketones; if glucose **> 300mg/dl** or when ill, nausea, stomachache, lethargic, and/or vomiting. Contact school nurse & parent with results.       3. 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.       4. **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.       5. 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.   Comments: |

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| Parent Signature: |  | Date: |  |
| School Nurse Signature: |  | Date: |  |