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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)** intramuscular1. 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: |       |