



DIABETES - EMERGENCY CARE PLAN

School Year: March 15, 2023 - September 30, 2024

Yuma School District One: School _____

Student Name: _____

Birth Date: _____

Grade: _____

Bus: _____

EMERGENCY GLUCAGON INJECTION IS LOCATED: Health Office Backpack Other _____

BLOOD GLUCOSE TARGET RANGE FOR MY CHILD IS: _____

Photo Here

- Allow student to use the restroom as needed.
- Allow student to have nut free snack in class or on bus to maintain glucose levels.
- Allow student to check blood glucose levels as needed using sterile technique.
- If demonstrating symptoms call health office or send to health office accompanied by another student.

Hypoglycemia (low blood sugar)

EMERGENT - SUDDEN ONSET

Feels Shaky, Weak, Irritable
Hungry, Blurry Vision, Sweating
Unresponsive

Hyperglycemia (high blood sugar)

GRADUAL ONSET

Extreme Thirst, Frequent Urination
Headache, Fatigue, Disorientation
Drowsiness, Flushed Skin, Heavy Breathing

- | | |
|--|--|
| 1. For low blood sugar < _____ give 15 grams of rapid-acting carbs
15 grams = 4 glucose tabs, or ½ cup juice or regular soda, glucose gel, skittles
<i>*Use entire contents of glucose gel/cake icing inside cheek if student is drowsy (rub cheek).</i> | Blood Sugar: _____ @ _____ (time).
Carbs given: _____ |
| 2. Recheck blood sugar in 15 min. | Blood Sugar: _____ @ _____ (time).
Carbs given: _____ |
| 3. Repeat rapid acting sugar source if blood sugar is < ____ & give snack. | Carbs given: _____ |
| 4. Give Glucagon Injection for severe hypoglycemia if unable to eat or drink. | Time Given: _____ |
| 5. For high sugar > ____ check for ketone levels in urine (drink water) | Ketones: _____ @ _____ (time). |
| 6. For very high or low sugar contact the parent/guardian <u>and</u> school nurse. | Notified at _____ (time). |

IF STUDENT IS UNRESPONSIVE or GLUCOSE FALLS BELOW 45 - CALL 911

Glucagon Order:

Common side effects of glucagon: nausea/vomiting and increased heart rate

Glucagon Expires: _____

Provider's Name: _____

Phone Number: _____

Date of DMMP: _____

TO BE COMPLETED BY PARENT OR GUARDIAN – BUS DRIVERS MAY ONLY GIVE GEL UNTIL 911

- I am aware that glucose gel or cake icing will be used for emergencies during bus transport. I agree to keep this gel/icing in my child's backpack at all times. I am aware of the risks for not having my child bring home glucagon every day. Initial: _____
- I request my child's glucagon be placed in their backpack at the end of each school day for 911 emergencies during bus transport. I am aware that glucagon will be used by the 911 responder if applicable as bus drivers can only give gel/cake icing. I agree that I will ensure my child drops off their glucagon to the health office each morning. Initial: _____
- I give my permission for my child to self-manage and self-administer their own diabetic care per DMMP. Initial: _____

I authorize the exchange of medical information about my child's diabetes between the healthcare provider's office and school nurse. I agree with this emergency care plan. Furthermore, upon my approval and delegation, I authorize the school nurse to train volunteers to administer and provide all diabetic care as needed. I agree that this emergency care plan may be shared with staff/bus drivers involved with my child's care.

Parent Signature: _____ Date: _____

Parent #1 Name: _____ Phone Number: _____

Parent #2 Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

RN Signature: _____ Date: _____