

**St. Vincent de Paul School**

14330 Eagle Run Drive

Omaha, NE. 68164

402.492.2111 *phone*402.496.9933 *fax***Health Form****Emergency Action Plan-Diabetes****Student** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date** \_\_\_\_\_**PART ONE--Emergency: Low blood sugar/ Hypoglycemia / Insulin Reaction****Check All Signs and Symptoms for you child:**

___excessive sweating	___headache	___trembling
___impaired vision	___hunger	___not able to awaken
___personality changes	___pounding heart	___irritability
___sweating	___loss of coordination	___inability to concentrate
___slurred speech	___other(specify)_____	

**Plan of Action:**

1. Stay calm. Take child to nurse's office.
2. Check blood sugar. Glucometer located in mobile cabinet in nurse's office.
3. If blood sugar is \_\_\_\_\_ or below treat with \_\_\_\_\_  
\_\_\_\_\_
4. Recheck blood sugar in \_\_\_\_\_ minutes. If still \_\_\_\_\_ or below, repeat treatment.
5. Call parent
6. Continue to monitor student. Student may return to class when blood sugar is greater than \_\_\_\_\_ and symptoms have resolved.
7. If reaction takes place one hour or more before lunch give \_\_\_\_\_  
\_\_\_\_\_ to prevent further reaction.
8. If child becomes unconscious, do not give food or fluids. Call 911.
9. If child is on insulin pump, turn it off by \_\_\_\_\_
10. Document incident, interventions, and results.

**PART TWO--Emergency: High Blood Sugar / Hyperglycemia**

When blood sugar is high, the body begins to break down fat for energy  
resulting in ketones in the urine.

**Check all signs and symptoms for your child:**

___increased thirst	___weakness	___increased urination
___achiness	___fruity breath odor	___loss of appetite
___labored breathing	___vomiting	___nausea
___fatigue	___confusion	___flushed skin
___other(specify)_____		

**Over**

**Plan of Action:**

1. Stay calm. Take child to nurse's office.
2. Check blood sugar. Glucometer located in mobile cabinet in nurse's office.
3. If blood sugar is greater than \_\_\_\_\_ have child test urine for ketones.
4. Notify parent if ketones are positive. Additional actions: \_\_\_\_\_  
\_\_\_\_\_
5. Restrict activity-no recess or gym.
6. Child should rest and drink sugarless fluids.
7. If child becomes unconsciousness, call 911.
8. Document incident, interventions, and results.

**Contact List**

Mother \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
Father \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
Other(s) \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
\_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

**Wears medical alert jewelry:** \_\_\_\_\_yes type \_\_\_\_\_  
\_\_\_\_\_no

**Insulin Information:**

\_\_\_AM Type and Amount \_\_\_\_\_  
\_\_\_Noon Type and Amount \_\_\_\_\_  
\_\_\_PM Type and Amount \_\_\_\_\_  
\_\_\_Other Times, Type, and Amount \_\_\_\_\_  
\_\_\_Pump Basal rate(s), Bolus, Other Schedules \_\_\_\_\_  
\_\_\_\_\_

**Monitoring Information:**

Routine glucose monitoring at school \_\_\_\_\_yes \_\_\_\_\_no time \_\_\_\_\_  
Assistance required with monitoring \_\_\_\_\_yes \_\_\_\_\_no  
Low blood sugar is value less than \_\_\_\_\_  
Ketones tested with supplies provided by student if blood sugar is greater than \_\_\_\_\_

**Dietary Needs:**

Snack: Time(s) \_\_\_\_\_ Type \_\_\_\_\_  
Lunch: Counting carbs? \_\_\_Yes(specify) \_\_\_\_\_  
\_\_\_No

**This plan will be followed unless the SVdP School Nurse is notified of changes.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions please contact me at 402.452.2267  
Nicoe Pisarik, BSN.RN  
SVdP School Nurse