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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

