ST. MARY'S COUNTY PUBLIC SCHOOLS

Department of Student Services/ Health Department

DIABETES EMERGENCY ACTION PLAN FOR FIELD TRIPS OR SCHOOL SPONSORED ACTIVITIES THAT OCCUR OUTSIDE OF THE INSTRUCTIONAL DAY

Student: _____ Date of Birth: _____ Grade: _____ School: _____

PARENT(S)/LEGAL GUARDIAN(S):

_____

Phone: _____ (home) _____ (work)

Cell: _____ (#1) _____ (#2)

EMERGENCY CONTACTS IF PARENT(S)/LEGAL GUARDIAN(S) UNAVAILABLE:

_____

Phone: _____ (home) _____ (work)

Cell: _____ (#1) _____ (#2)

NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE

Causes of Hypoglycemia:

Too much insulin	Missed or delayed food/snack
Too much or too intense exercise	Unscheduled exercise

Symptoms of Hypoglycemia - Low Blood Sugar

Mild

Hungry	Anxiety	Dizzy
Drowsy	Shaky	Pale
Irritability	Weakness	Sweating
Trouble concentrating		Personality change

Moderate

Headache	Blurred vision
Slurred speech	Confusion
Behavior change	Weakness
Poor coordination	

Severe

Loss of consciousness	Seizure
Inability to swallow	

Actions Needed:

Notify Trained Diabetes Personnel
If possible, check blood sugar., per Diabetes Medical Management Plan
When in doubt, ALWAYS TREAT.

Mild

- Student may/may not treat self.
- Provide quick sugar source (3-4 glucose tablets, 4 oz. juice, 6 oz. regular soda, or 3 teaspoons of glucose gel).
- Wait 10-15 minutes.
- Recheck blood glucose.
- Repeat food if symptoms persist or blood glucose is less than 70.
- Follow with a snack of carbohydrate and protein *(e.g., cheese and crackers)*.

Moderate

- Someone assists.
- Give student quick sugar source per MILD guidelines.
- Wait 10-15 minutes.
- Recheck blood glucose.
- Repeat food if symptoms persist or blood glucose is less than 70.
- Follow with a snack of carbohydrate and protein *(e.g., cheese and crackers)*.

Severe

- Do not attempt to give any food or drink by mouth.
- Position on side, if possible.
- Administer glucagon if prescribed
- Insert a tube of Cake Mate or glucose gel between cheek and gum, and gently massage outside of cheek if glucagon unavailable.
- Call 911.
- Contact parent(s)/legal guardian(s).
- Stay with student.

☐ **Student has demonstrated independence in managing their diabetes.**
☐ **Student may attend scheduled field trips without the availability of glucagon, but must carry Cake Mate or glucose gel.**
☐ **Student may attend scheduled field trips with the availability of glucagon.**

Physician's Name *(print clearly)*	Signature of Physician Date
Physician's Phone Number	Physician's Fax Number
Signature of Parent(s)/Legal Guardian(s)	Date
Signature of School Nurse	Date

I understand and agree with the information in this emergency plan of care and that the information will be shared with appropriate school staff.