

Linn-Mar Community Schools Diabetic Health Plan

Student: _____ Date: _____

Parent/Guardian: _____ Home Phone: _____

Physician: _____ Hospital: _____

Type of Insulin:

Type of Meter Used:

Student gives own injection?

Student does own blood sugar test?

Insulin administration times:

Ideal blood sugar range:

Blood sugar testing times:

Additional information:

Hypoglycemia (low blood sugar): Pale color, sleepy, headache, shaky, hunger, dizzy, irritable

*See below for emergency plan

Most common symptoms for student

Hyperglycemia (high blood sugar): Weakness, rapid respirations, nausea, vomiting, and disorientation

If blood sugar is greater than 240, check urine ketones

Call parents

Most common symptoms for student:

Emergency Plan for low blood sugar:

***If blood sugar is 80 or less:** Give 15 additional carbohydrates such as juice, glucose tabs, crackers, regular pop, glucose gel, etc.

Recheck blood sugar in 15 minutes

Call Parents

***If blood sugar is 50 or less:** Give 30 additional carbohydrates

Recheck in 15 minutes

Call Parents

If blood sugar is still less than 80 give 15 additional carbohydrates

Recheck in 15 minutes until blood sugar is greater than 80

****If student is unconscious or unable to take anything by mouth:**

Give Glucagon as ordered

Call 911 emergency medical services and transport to hospital

Call parents and school nurse

I have read and approve of the above diabetic emergency plan for school health care:

Parent/Guardian Signature

Date

School Nurse Signature

Date