DIABETES EMERGENCY PLAN AND DOCUMENTATION FLOW

LAKELAND UNION HIGH SCHOOL
HEALTH SERVICES

STUDENT NAME: **DOB:**	**DATE WRITTEN : 9-4-14** **GRADE:**
DOCTOR NAME: **CLINIC PHONE**	**DIABETIC MEDICATION PRESCRIBED:**

DIABETIC CONDITION: ____Type I Diabetes ___Type II Diabetes ___ Gestational Diabetes
OTHER CONTRIBUTING FACTORS: Obesity Hypertension Lack of Regular Exercise Smoker Poor Diet Compliance
(CIRCLE ALL THAT APPLY) Hypercholesterolemia Takes Glucocorticosteroids, Thyroid Replacement and/or Statin Meds
Other:

PARENTS/GUARDIAN CONTACT PHONE NUMBERS -

PERSON INITIATING REPORT: **DATE:** **TIME SYMPTOMS BEGAN:**

ASSESS FOR S/S OF HYPOGLYCEMIA
IF NOTED CALL NURSE FOR ASSISTANCE IMMEDIATELY (X3450): CIRCLE ALL THAT APPLY

Signs/symptoms of Low Blood Sugar

a. shakiness, anxiety, nervousness
b. palpitations / tachycardia (fast pulse rate)
c. sweating, feeling of warmth
d. pallor, coldness, clamminess
e. dilated pupils
f. paresthesias (feeling of numbness in any skin area-most often extremities-"pins and needles")
g. dilated pupils
h. hunger
i. N/V (nausea / vomiting) and /or abdominal discomfort
j. headache
k. abnormal mentation, impaired judgment
l. moodiness, irritability, combativeness, personality change, rage
m. staring "glassy eyed" look, blurred or double vision
n. slurred speech, incoordination (appears drunk)
o. stupor which can lead to coma
p. seizures

HYPOGLYCEMIC REACTION
Most often seen in insulin dependent diabetics
If any of the symptoms to the left are mild it would help to have the nurse get quick blood sample before juice is given.
If symptoms are rapid onset-becoming severe-just give juice

ALL FACULTY AND STAFF TO ASSESS FOR S/S OF HYPERGLYCEMIA
IF NOTED CALL NURSE FOR ASSISTANCE IMMEDIATELY (X3450): CIRCLE ALL THAT APPLY

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Signs/Symptoms of High Blood Sugar:

a. Polyphagia (frequent, pronounced hunger)
b. Polydipsia (frequent, excessive thirst)
c. Polyuria (frequent, profuse urination)
d. headache, blurred vision
e. fatigue, sleepiness
f. dry mouth, dry itchy skin
g. stupor
h. seizures

DIABETIC KETOACIDOSIS-Emergency
Ketones in urine
Deep, rapid breathing (Kussmaul hyperventilation)
Confusion or decreased level of consciousness which can lead to coma.
Dehydration; due to polyuria.
Fruity smell to breath
Impaired cognition along with sadness and anxiety

NURSING TO COMPLETE AND TO FOLLOW MD ORDERS ON REVERSE SIDE

STUDENT: **Target sugar mg/dl**

STUDENT: TARGET BG: _____/_____ MG/DL
HYPERGLYCEMIA

Meal Insulin:Carbohydrates eaten ratio: Breakfast ___:___CHO; Lunch ___:___ CHO
Snacks ___:___CHO

Additional Insulin Sliding with Meals :
or hyperglycemia at least hrs after
last insulin

If sugar >____ and more than 2 hrs since last insulin dose and not a meal-give extra sliding insulin

If sugar > ____ and / or _____ is sick, check urine for ketones as well

ACCUCHECK_____TIME_____ /ACCUCHECK_____TIME____ /ACCUCHECK_____TIME_____

URINE DIP KETONES_____GLUCOSE_____TIME_____
URINE DIP KETONES_____GLUCOSE_____TIME_____

- **PROVIDE CORRECTION/SUPPLEMENTAL DOSE OF INSULIN AS ORDERED BY MD**

  INSULIN SUPP. GIVEN:_____ TIME_____

- **IF BLOOD GLUCOSE IS >500 WITHOUT KETONES-RECHECK BLD. GLUCOSE IN __2HRS__**

- **IF URINE SHOWS TRACE-SM- MOD-LG. KETONES**
  1. Enc. Water or any sugar free liquids
  2. Liberal BRP
  3. Notify parents / guardian for __MOD-LG__ ketones
  4. No activity or exercise
  5. Recheck Dexi and Urine Ketones in _2 hrs. if student is still present in school

HYPOGLYCEMIA (Blood Sugar <70)

GLUCOSE TAB GIVEN AT _____ **AND/OR**
GIVE 15GM. OF CARBOHYDRATES-recheck IN 15 MIN. and repeat 15GM OF CHO IF STILL < 70
_____ 4oz. of Orange Juice _____Time _____Time or
_____ 3 graham cracker squares _____Time _____Time or
_____ 6 saltines _____ Time_____Time or
_____ Other (students own supply-as directed by MD)_____

GLUCAGON 1MG GIVEN AT _____ SITE_____
(GIVE IF CONFUSED, UNABLE TO SWALLOW/FOLLOW COMMANDS/UNABLE TO AWAKEN)

TIME DIABETIC REACTION RESOLVED_____

MD NOTIFIED OF EVENT AND ASSESSMENT:_____AT _____

PARENTS NOTIFIED OF EVENT_____AT _____

NURSE SIGN._____DATE /TIME_____