

# HORTONVILLE AREA SCHOOL DISTRICT

## HEALTH SERVICES-DIABETIC EMERGENCY ACTION PLAN

Student Name:	Birth Date:	Insert Photo
Parent/Guardian:	Work Phone:	
Cell Phone:	Home Phone:	
Provider:	Phone:	
Grade:	Teacher:	

Students with type 1 diabetes require insulin injections or have an insulin pump. They may require frequent checks of their blood sugar throughout the day and may experience high and low blood glucoses throughout the day. A low blood glucose needs immediate intervention.

### LOW BLOOD GLUCOSE REACTION

Symptoms of a low blood glucose may include:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Hunger            | <input type="checkbox"/> Mood/behavior change   | <input type="checkbox"/> Unable to Swallow       |
| <input type="checkbox"/> Shaky/weak/clammy | <input type="checkbox"/> Inattentive/space      | <input type="checkbox"/> Unable to awaken        |
| <input type="checkbox"/> Blurred vision    | <input type="checkbox"/> Slurred/garbled speech | <input type="checkbox"/> Seizure                 |
| <input type="checkbox"/> Dizzy/headache    | <input type="checkbox"/> Anxious/irritable      | <input type="checkbox"/> Convulsion              |
| <input type="checkbox"/> Sweaty/flushed    | <input type="checkbox"/> Numbness/tingling      | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Tired/drowsy      | <input type="checkbox"/> Poor coordination      | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Fast heartbeat    | <input type="checkbox"/> Unable to concentrate  | <input type="checkbox"/> Usually has no symptoms |
| <input type="checkbox"/> Pale skin color   | <input type="checkbox"/> Confused               |  |

If blood glucose is less than  70mg/dL or  \_\_\_\_mg/dl **GIVE A FAST-ACTING GLUCOSE QUICKLY**

1. Give \_\_\_\_grams carbohydrate of one of the following:  
 \_\_\_\_oz milk  \_\_\_\_oz fruit juice  other \_\_\_\_\_  other \_\_\_\_\_
2. Recheck blood glucose in 15 minutes
3. If blood glucose is less than \_\_\_\_\_mg/dL, give another \_\_\_\_grams carbohydrate
4. Repeat above steps as needed
5. Troubleshoot the cause(s) of the low blood glucose if possible

If blood glucose drops too low, student may be confused or unable to follow commands, unable to swallow, unconscious or having a seizure. If this were to occur:

1. Do not give anything by mouth
2. **Administer Basqimi** dose  0.5mg OR  1.0mg
3. Turn student on their side as there is a risk of vomiting
4. Stay with student
5. Call 911 / Alert school emergency response team
6. Contact parents/guardians

**Health Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medication consent:** I hereby give permission to designated trained school personnel to give medication to my child during the school day, including when away from school property on official school business, according to the written instructions of the practitioner as shown on this form. I also hereby agree to give my permission to the school nurse and/or school personnel to contact the child's physician if needed. I further agree to hold the Hortonville Area School District, and the HASD employee(s) who is (are) administering the medication harmless in any or all claims arising from the administration of this medication at school. I agree to notify the school at the termination of this request or when any change in the above orders is necessary. If self-medication is allowed I ask that my child be permitted to self-medicate as authorized by my physician and myself. I understand, as the parent, I am responsible to assure that backup rescue medication is available to my child after school hours and traveling to/from and during school-sponsored events.

\_\_\_\_\_  
**Parent Name (Printed)**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

*Copies of health plans are provided to teachers, school staff, lunch/recess aides, and bus driver(s)*