

# DIABETES ACTION / PLAN ICD CODE \_\_\_\_\_

**CALL SCHOOL NURSE OR SCHOOL HEALTH OFFICE IF SYMPTOMS APPEAR**

Never leave or send student with suspected low blood sugar alone!

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phones H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## SYMPTOMS AND TREATMENT OF LOW BLOOD SUGAR

If blood sugar is \_\_\_\_\_ or below, treat according to symptoms and call parent

**Mild**

Hunger  
Shakiness  
Weakness  
Paleness  
Anxiety  
Inability to concentrate  
Personality change  
Other: \_\_\_\_\_

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**Circle student's usual symptoms**

**Moderate**

Headache  
Behavior change  
Poor coordination  
Confusion  
Blurry vision  
Weakness  
Slurred speech  
Other: \_\_\_\_\_

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**Circle student's usual symptoms**

**Severe**

Loss of consciousness  
Seizure

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**Mild**

Treats self,  
or  
2-3 glucose tablets or  
4-8 oz. juice or  
4-8 oz. regular soda or  
Glucose gel product or  
3-8 Lifesavers

Wait ten to fifteen minutes,  
Repeat food if symptoms persist or blood  
sugar less than \_\_\_\_\_  
Follow with a snack of carbohydrate and  
protein, e.g. crackers and cheese

**Moderate**

Someone assists

Insist on child drinking quick sugar source  
per MILD guidelines

Wait ten to fifteen minutes,  
Repeat food if symptoms persist or  
blood sugar less than \_\_\_\_\_

Follow with a snack of  
carbohydrate and protein,  
e.g. crackers and cheese.

**Severe**

Don't attempt to give anything by  
mouth

**Call 911**

Position on side, if possible

Contact parents

Administer glucagon if ordered

## SYMPTOMS AND TREATMENT OF HIGH BLOOD SUGAR

**If blood glucose is above \_\_\_\_\_, check ketones**  
**If blood glucose is above \_\_\_\_\_, call parent**  
**If Ketone test shows moderate or large ketones,**  
**contact parent**  
**Administer insulin per correction dose.**

**Actions Needed**

- Allow free use of the bathroom.
- Encourage student to drink water
- If student is nauseous, vomiting, or lethargic, \_\_\_\_\_ call the parents/guardian or \_\_\_\_\_ call for medical assistance if parent cannot be reached.

Primary Health Care Provider signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

School Nurse's signature \_\_\_\_\_ Date \_\_\_\_\_