(Sample #1)

Emergency Action Plan Diabetes Healthcare

Student's Name	Grade
Address	Home Phone
Father/Guardian	Work Phone
Mother/Guardian	Work Phone
Other person to contact in an Emergency:	Name
•	Address
	Phone: HomeWork
Hospital Preferred	
	me
Phone	•
Emergency items to	
Glucose tablets Snacks Glucose Gel	Blood glucose meter Insulin Syringes
give some form of sugar or carbohydrate, su	the procedure routinely followed at school is: to uch as ½ carton of milk, ½ cup fruit juice or ½ h cheese. If the student is unconscious, "911" is
I approve the above health care action plan a	as written Yes No
Please make the following changes to the he	
	A TO A STATE OF THE PROPERTY O
	NOCESSAGE REGISTRATE CONTROL OF THE PROPERTY O

(Sample #2)



In an emergency:

Health Services Department Emergency Plan DIABETES

IF YOU SEE THIS:	<u>DO THIS:</u>
(Based on this child's current condition, a Medical Emergency for this child is:) IF student is unconscious or not responsive (Unable to treat self or is	 CALL 911Call Parents DO NOT GIVE FLUIDS OR FOOI
lethargic or stuporous)	Turn student to side
IF student is non-responsive	Squirt inside cheek closest to ground. Is kept in is kept in in Measure Blood Sugar with monitor (to
;	be done by
IF student is responsive	 Hypoglycemic Reaction: IF Blood Sugar reading is or below, then give Hyperglycemia Reaction: Keep student walking or sitting and drinkin water. If Blood Sugar is >300 mg/dl, student school nurse or assigned person (identify:) should check urine for ketones.

Source: "Diabetes Management in the School Setting", 1998, Missouri Association of School Nurses. Sample from Lee's Summit School District.