						Date of Birth					
						osis					
		r Plan:/_/			ype Diabetes						
necu	ve Dates 10	, , , , , , , , , , , , , , , , , , ,	_ "		ypeDiabetes						
		Diabetes Quick Reference Plan									
Parei	nt/Guardian	n: With the help of	your child's phy	sician, complete and	sign this Diabetes Action F	Plan. Plan must be signed by doctor, pare					
					return completed plan to so						
0	This student has Type diabetes. Diabetes is a serious, chronic disease that can result in: a) low blood sugar (hypoglycemia), an acute emergency condition; or, b) high blood sugar (hyperglycemia), which can lead to serious medical complications threatening diabetic coma.										
 Low blood sugar can create a true emergency and can be life threatening if not treated promptly. 						ly.					
0	o Low blood sugar is characterized by shakiness, headache, sleepiness, pale appearance, irritability, hunger, and oth										
0	convulsion	If a student has a change in behavior or level of consciousness, becomes lethargic, combative, or unconscious, or has a seizure or convulsion, then it must be presumed to be due to low blood sugar and should be treated as a low blood sugar emergency. IMPORTANT: A student with low blood sugar should never be left alone. Treat a low blood sugar immediately.									
		Emergency Contacts: Parent/Gaurdian									
	Health C	Health Care Provider									
	Trained S										
	Diabetes	supplies located in									
		Diabetes supplies located in									
		Student complains of the following sy tiredness		or says he/she is have	ving an "insulin reaction." Si irritability	tudent may experience one or more					
		shakiness	trembling	sleepiness	pale appearance	poor coordination					
		dizziness	sweating	clamminess	combative behavior	inability to concentrate					
		blood sugar below		confusion	hunger						
		A low blood sugar would most likely, but not always, occur mid-morning, right before lunch, during or after physical activity/exercise, or If in doubt, always treat for low blood sugar.									
	Treatme	nt of Low Blood S			- 1987 Salah 1990 - 1980 S						
	If stu	dent is conscious, Give fast sugar suc	cooperative, and th as glucose tal	d able to swallow: dets, glucose gel, fru	iit juice, regular soda, or_						
	0										
	0	Check blood sugar	k blood sugar again in minutes and at intervals.								
	0	Control of the contro									
	0										
	0	 Notify parent/guardian of low blood sugar episode. 									
	If stu	If student is unconscious, experiencing a seizure, or unable to swallow: Contact trained school diabetes care provider immediately to administer emergency glucagon injection, if authorized by health care provider in the student's individual diabetes care plan.									
	0	The state of the s									
	0	Student may vomit. Keep student on side to prevent choking on vomit. Keep airway clear.									
	0	Call 911, parent/guardian, and health care provider.									
			c	U. J. J							

5.	Symptoms of High Blood Sugar (Hyperglycemia)									
		Student may experience or frequent urination	ne or more of the following sympto excessive thirst	ms: nausea	vomiting					
		dehydration	inability to concentrate	sleepiness	confusion					
		blood sugar above		blurred vision	irritability					
	Other symptoms:									
6.	Treatment of High Blood Sugar (Hyperglycemia)									
	0	Call parent/guardian and h	nealth care provider if blood sugar is	s overmg	/dl.					
	0	care plan, which may include the following actions: O Test urine for ketones if blood sugar is over O Give insulin according to student's individual diabetes care plan. O If student uses an insulin pump, check pump functioning, including batteries, insulin supply, tubing, and infusion site and take necessary corrective action.								
	0									
	0									
	 If symptoms worsen or the student begins vomiting, call parent/guardian and health care provider immediately. 									
	Other instructions for treating high blood sugar:									
7.	Snack '	Time(s):	1	Meal Time(s):						
	0	Snacks and meals must be	eaten on time. If snack or meals ar	re eaten late, low blood sugar c	an occur.					
	0									
	0	o If student does not eat most of snack or lunch, notify trained school diabetes care provider, school nurse, or parent/guardian.								
	0	 Student may need insulin for food eaten. Contact trained school diabetes care provider for assistance. 								
	Other food/insulin instructions									
8.	Routine Blood Sugar Testing Times: Other Times: A student with diabetes is allowed to carry diabetes supplies at school, test blood sugar levels wherever and whenever needed, and take immediate corrective action, all in accordance with his/her individual diabetes care plan. Diabetes supplies should be kept wherever the student is located.									
	0	Assistance, if any, student needs with blood sugar testing								
	0	O Target blood sugar range:								
	0	Notify the trained school diabetes care provider, school nurse, or parent/guardian if blood sugar results are out of range.								
	0									
	О	Other blood sugar testing instructions								
9.	Exercis 0	Exercise/Physical Education O Exercise and physical activity generally lowers blood sugar. If exercise is more strenuous or longer than usual, it can result in a low blood sugar reaction that needs immediate treatment.								
	0	 The blood sugar lowering effects of exercise can begin shortly into the activity and can persist in the hours following the activity. 								
	0	Extra snacks may be needed before, during, and/or after exercise. Instructions for snacks/exercise								
	0	Exercise is generally encouraged and students with diabetes should participate, except when blood sugar is below or above at the time of exercise.								
	0	Blood sugar level should be checked before and after exercise. Level should be checked during exercise if low blood sugar symptoms appear or if								
	0	Keep a fast-acting source of sugar available at all times during exercise, in case a low blood sugar occurs. Fast sugar includes glucose tablets, glucose gel, a juice box, a regular soda, or a tube of cake frosting.								
	0	Other instructions for exercise/activity								
arent/Gu	ardian Sign	ature	Date Teach	er, School Nurse, or Administrator	Date Received					
			1 Cacin	, sensor raise, or radininguator	Date Received					
hysician	Signature		Date							