Tri-County Community Council, Inc.
Head Start

DIABETES EMERGENCY PLAN

Diagnosis:_____ **Center:**_____

Child's Name:_____ Date:_____

Allergies:_____ Birth Date:_____

Parent/Guardian:_____ Phone:_____

Emergency Contact:_____ Phone:_____

Health Care Provider:_____

Medications:_____

CLASSROOM
Location of Medication:

CHILD – SPECIFIC EMERGENCIES: DIABETES

If you see a child **EXHIBITING**	**DO THIS**
➢ Pale, Perspiring, Shaking ➢ Excessive Hunger ➢ Weak, Irritable or Confused ➢ Speech and Coordination Changes ➢ Eyes appear glassy	➢ Immediately instruct student to eat their parent/guardian provided sugared snack. (i.e. 4-6 oz. fruit juice, 2-3 glucose tablets or 1/3 candy bar) ➢ Instruct student to eat parent/guardian provided protein snack (i.e. cheese & crackers, peanut butter, etc.) following sugar snacks.
➢ Inability to swallow ➢ Loss of consciousness	**➢➢ CALL 9-1-1 ➣➣** **(or 9-9-1-1 or 9-9-9-1-1)** **➢ Notify Parent/Guardian**

IF AN EMERGENCY OCCURS:

1. If the emergency is life threatening, immediately call 911.
2. Stay with the child or designate another adult to do so.
3. Call, or designate someone to call, the Parent/Emergency Contact.

Comments:

Health Services Coordinator Signature:_____ Date:_____

Parent/Guardian: Do you give permission to post this emergency plan in the classroom? ____Yes ____No

Parent/Guardian's Signature:_____ Date:_____

Child's Name: _____

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DIABETES

EMERGENCY PLAN --- ONLY TRUE EMREGENCY IN A DIABETIC IS LOW BLOOD SUGAR. IF CHILD IS UNRESPONSIVE/HAS SEIZURES, DO NOT PUT ANYTHING, FOOD, ETC., IN MOUTH.

1. For absence of breathing and pulse: Begin CPR.
2. Delegate calls to 9-1-1, parent and Head Start Director.
3. For seizure: Protect child by moving items away that may cause injury – e.g. desks, chairs. Do not restrain child.
4. Check blood glucose level.
5. If blood sugar is less than 70 mg and child is breathing but unresponsive, call 911.

Preferred Local Emergency Department: _____

IF CHILD IS RESPONSIVE, PLEASE ADMINISTER THE FOLLOWING; ENSURE SUPPLIES ARE AVAILABLE.

1. Check blood sugar if possible. (If unable to check blood glucose levels, administer sugar followed by a long-acting carbohydrate – See steps 1b and 2a below).
   a. If blood sugar ≥ 70 mg, no treatment necessary at this time.
   b. If blood sugar ≤ 70 mg, administer one of the following:
      *Glucose tablets (15 games of carbohydrates), **OR**
      *Glucose gel (15 grams), **OR**
      *4 ounces or ½ cup fruit juice, **OR**
      *4 ounces or ½ cup regular soft drink that contains sugar (for example, Coke).
2. Wait 15 minutes and recheck blood sugar
   a. If ≥ 70 mg, give CHILD one of the following:
      *2-4 peanut butter/cheese crackers, **OR**
      *3 graham crackers, **OR**
      *lunch/snack (if within 30 minutes of scheduled time).
   b. If ≤ 70 mg, repeat step 1b and 2a above until blood glucose levels are ≥ 70 mg.
3. Notify parents and school health services of low blood sugar < _____ or high blood sugar > _____.

It is the parent's responsibility to determine the follow-up care for symptoms.

Individual Consideration: Dietary and activity/exercise routines and schedule are as important as medications in the management of blood sugar (BG) in children with diabetes.
Parent/guardian are required to provide written instructions with each modification.
Insulin Plan (injection to be given):

	___**Breakfast**	___**Lunch**	___**Other:**_____
Long Acting Insulin Type/Units	_____	_____	_____
Short Acting Insulin Type/Units	_____	_____	_____
Pump Units	_____	_____	_____
Sliding scale for high blood sugar (short action):	___unit if BG>___**OR** ___unit if BG>___	___unit if BG>___**OR** ___unit if BG>___**OR**	___unit if BG>___**OR** ___unit if BG>

Other Instructions: _____

Please mail monthly blood sugar levels and any medical concerns to: _____
Address: _____

Name of Other Medication:	Dosage and Strength:	When to Use:

This child also has the following chronic illnesses/disabilities: _____

Physician's name: _____
Physician's signature: _____ Date: _____
Health Services Coordinator: _____