

Los Angeles Unified School District
Medical Services Division
Diabetes Emergency Care Plan

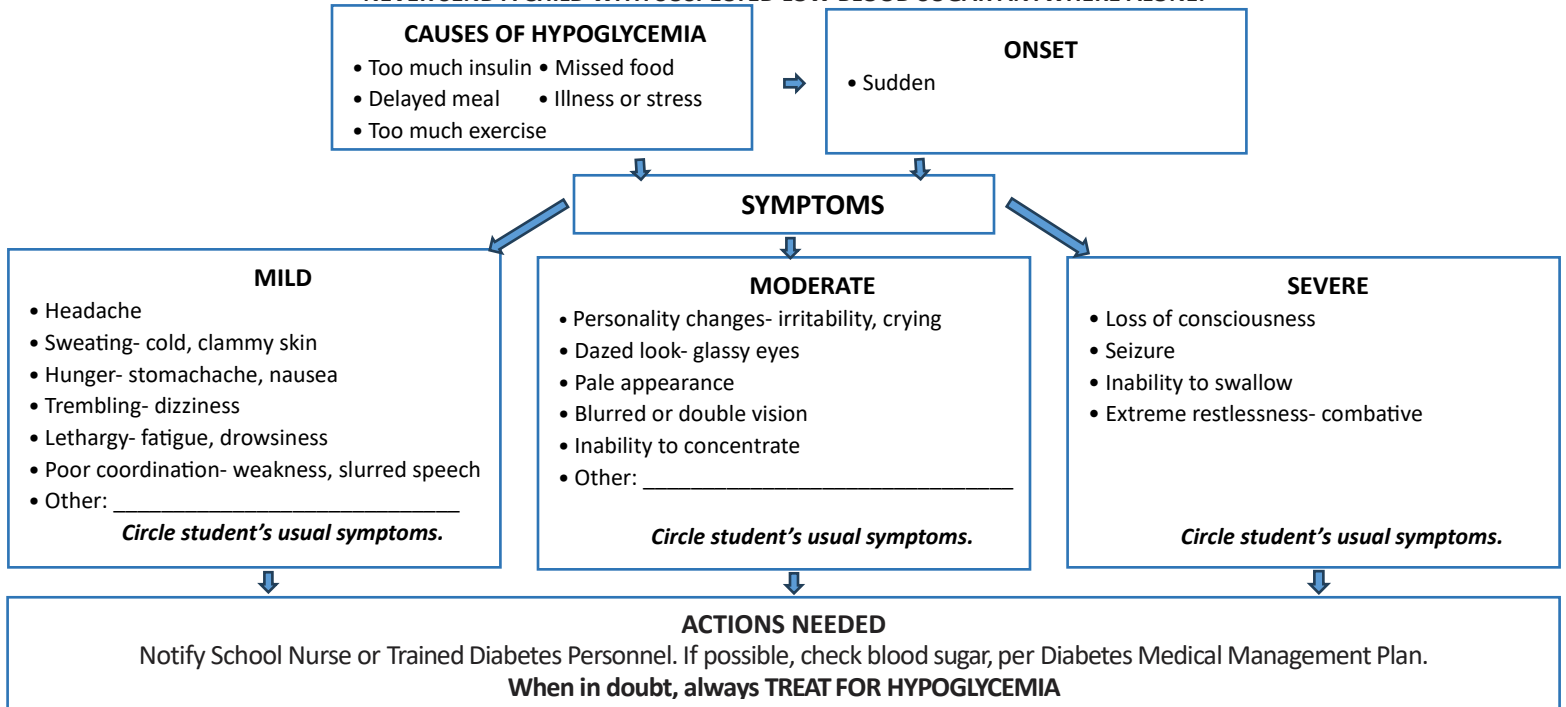
Student's Name: _____ **Date of Birth:** _____ **Gender:** ☐ Male ☐ Female ☐ non-binary

School: _____ **Grade:** _____ **School Year:** _____ **Date of Plan:** _____

Emergency Contact	Home Phone	Work Phone	Cell Phone
Mother/Guardian:			
Father/Guardian:			
Nurse/Trained school personnel	Title	Work Phone	Other Contact Number

Hypoglycemia (Low Blood Sugar)

NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE.



MILD-MODERATE

- Student may/may not treat self.
- Provide quick-sugar source (15 gms) or *follow doctor's order*: 3-4 glucose tablet; 4 oz. juice; 4 oz. regular soda or 3 tsp. of sugar packet w/ water
- Wait 15 minutes.
- Recheck blood glucose.
- Repeat food if symptoms persist or blood glucose is less than ____ mg/dL repeat source of sugar. If symptoms persist or blood glucose remains below ____ mg/dL after the third testing, call the school nurse and parents.
- When symptoms have subsided, and blood glucose is ____ mg/dL and above and meal is more than an hour away, give appropriate snack of carbohydrate and protein (e.g., cheese and crackers) or follow Healthcare Provider's order (DMMP).

SEVERE

- Initiate appropriate emergency procedure
- Call 911**
- Call the nurse or trained staff
- Administer glucagon injection, Baqsimi or GVOKE Hypopen as ordered by HCP.
- Position student on side to minimize the risk of aspiration. And maintain open airway throughout emergency procedures.
- Do not give anything by mouth to a student who is unconscious or having seizure.
- Notify the parent.
- Document in electronic Health Record and on the Diabetes protocol log.
- Complete iSTAR

➔

Student's Name: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ non-binary
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Diabetes Emergency Care Plan

Hyperglycemia (High Blood Sugar)

