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 | Hor | ne P | hone | Work Phone | | Cell Phon | | ll Phone | |
| Mother/Guardian: | | | | | | | | | |
| Father/Guardian: | | | | | | | | | |
| Nurse/Trained school personnel | Title | | Work Phone | | | Other Contac | | t Number | |
| | | | _ | | | | | | |
| | | | _ | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | 1 | | | | | 1 | | | |
| | | Hypog | glyo | cemia | | | | | |
| | (| Low Bl | nnd | l Sugar) | | | | | |
| NEVER SEND A C | | | | 0 / | | HERE ALON | F | | |
| | | | | | | | | | |
| CAUSES OF HYPOGLYCEMIA • Too much insulin • Missed food | | | | • Sudden | | SET | | | |
| Delayed meal Illness or sti | | | \Rightarrow | | | | | | |
| Too much exercis | | 50 635 | | | | | | | |
| | | | | n | | | | | |
| | | SV | /N/D | | | | | | |
| SYMPTOMS | | | | | | | | | |
| MILD | | | Û | | | | | | |
| | | | MODERATE es- irritability, crying | | | SEVERE • Loss of consciousness | | | |
| • Personality change | | | | | | | | | |
| | | | look- glassy eyes | | | Seizure Inability to swallow | | | |
| Hunger- stomacnache, nausea Pale appe Trembling- dizziness Blurred ou | | | icion | | | Inability to swallow Extreme restlessness- combative | | | |
| - Latheren fatiene dreueines | | | lity to concentrate | | | | | | |
| Poor coordination- weakness, slurred speech | er: | | | | | | | | |
| • Other: | | | | | | | | | |
| | | | ent's usual symptoms. | | | Circle student's usual symptoms. | | | |
| ↓ | | | • | | | • | | | |
| ACTIONS NEEDED | | | | | | | | | |
| Notify School Nurse or Trained Diabet | tes Personi | | - | | gar. per Di | abetes Mec | lical Mai | nagement P | lan. |
| | | • | | T FOR HYPO | | | | 0 | |
| • | | | | | | ŀ | | | |
| MILD-MODERATE | | | | SEVERE | | | | | |
| Student may/may not treat self. | | | | Initiate appropriate emergency procedure | | | | | |
| Provide quick-sugar source (15 gms) or <i>follow</i> | | | | • Call 911 | | | | | |
| doctor's order: 3-4 glucose tablet; 4 oz. juice; 4 oz. | | | | Call the nurse or trained staff | | | | | |
| regular soda or 3 tsp. of sugar packet w/ water | | | | Administer glucagon injection, Baqsimi or GVoke | | | | | |
| • Wait 15 minutes. | | | | Hypopen as ordered by HCP. | | | | | |
| Recheck blood glucose. | | | | Position student on side to minimize the risk of | | | | | |
| Repeat food if symptoms persist or blood glucose is less | | | ⇒ | | | | | | |
| thanmg/dL repeat source of sugar. If symptoms | | | | emergency procedures. | | | | | |
| persist or blood glucose remains below mg/dL | | | | Do not give anything by mouth to a student who is | | | | | |
| after the third testing, call the school nurse and | | | | unconscious or having seizure. | | | | | |
| parents. | | | | • Notify the parent. | | | | | |
| When symptoms have subsided, and blood glucose | | | | | | | | | |
| is mg/dL and above and meal is more than an | | | | Document in electronic Health Record and on the Diabetes protocol log. Complete iSTAR | | | | | |
| hour away, give appropriate snack of carbohydrate | | | | | | | | | |
| and protein (e.g., cheese and crackers) or follow | | | | Complete IS | лак | | | | |
| Healthcare Provider's order (DMMP). | | | | | | | | | |

