



# **Guidelines for the Care Needed for Students with Diabetes**

**for the implementation of**

**State Board of Education Rule 160-4-8-.18 Diabetes Medical  
Management Plans**

**Version 1.1**

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**(1) DEFINITIONS:**

(a) **Diabetes medical management plan** - a document developed by the student's physician or other health care professional that sets out the health services, including the student's target range for blood glucose levels, needed by the student at school and is signed by the student's parent or guardian.

(b) **Diabetes** - a chronic disease in which blood glucose (sugar) levels are above normal. People with diabetes have problems converting food to energy. After a meal, food is broken down into a sugar called glucose, which is carried by the blood to cells throughout the body. Insulin, a hormone made in the pancreas, allows glucose to enter the cells of the body where it is used for energy. People develop diabetes because the pancreas produces little or no insulin or because the cells in the muscles, liver, and fat do not use insulin properly. As a result, the glucose builds up in the blood, is transported into the urine, and passes out of the body. Thus, the body loses its main source of fuel even though the blood contains large amounts of glucose. When insulin is no longer made, it must be obtained from another source insulin injections or an insulin pump. When the body does not use insulin properly, people with diabetes may take insulin or other glucose-lowering medications. Neither insulin nor other medications, however, are cures for diabetes; they only help to control the disease. (from "Helping the Student with Diabetes Succeed: A Guide for School Personnel", 2010 Edition, page 11)

(c) **Health care professional** - a doctor of medicine or osteopathy licensed by the Georgia Composite Medical Board pursuant to Article 2, Chapter 34, Title 43 of the Official Code of Georgia Annotated or a legally authorized designee acting pursuant to job description or nurse protocol agreement approved by the Georgia Composite Medical Board.

(d) **Trained diabetes personnel** - a school employee who volunteers to be trained in accordance with this rule. Such employee shall not be required to be a health care professional.

**(2) PURPOSE.**

(a) The purpose of these guidelines is to enable schools to ensure a safe learning environment for students with diabetes. These materials are based on the belief that children with diabetes can participate in all academic and non-academic school-related activities. In order for children with diabetes to be successful in school, a comprehensive health plan must be collaboratively developed by families, students, school personnel, and licensed health care providers. The individualized health plan (IHP) implements the Diabetes Medical Management Plan (DMMP) provided by the healthcare provider, physician orders and provisions appropriate to each student's needs during the school day and for other school-related activities. The IHP must be based upon and consistent with the DMMP.

(b) Federal laws that protect children with diabetes include Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act (IDEA), and the Americans with Disabilities Act (ADA). Students with diabetes may be found eligible under Section 504 and the ADA, and some of these students may also be eligible under IDEA. Title II of the ADA prohibits discrimination on the basis of disability by public entities. These federal laws (ADA, IDEA, Section 504) mandate that all students attending public schools have access to health care during the school day and for extracurricular school activities, if necessary, to enable the student to participate fully in these activities.

(c) In Georgia, The Rules and Regulations Regarding the Delegation of Nursing Tasks does not allow the professional registered nurse to delegate nursing functions to Unlicensed Assistive Personnel (UAP). However many schools in Georgia do not have a full-time nurse, or a school nurse may not always be available on site. Even when a nurse is assigned to a school full time, he or she will not always be available to provide direct care during the school day. Thus it is often necessary for specific tasks for the care of a student with diabetes to be performed by trained diabetes personnel. Such tasks may include medication administration, blood sugar monitoring, and emergency interventions, including Glucagon, according to the student's IHP. Specific training and ongoing nursing supervision of diabetes care tasks is needed.

### **(3) REQUIREMENTS FOR SAFE MANAGEMENT OF STUDENTS WITH DIABETES IN THE SCHOOL SETTING.**

(a) The school district is required by Georgia state law, O.C.G.A. § 20-2-779, to have a written Diabetes Medical Management Plan (DMMP), completed by the student's physician or legally authorized designee (healthcare provider such as a nurse practitioner or a physician's assistant). The DMMP must contain all items covered in the plan, including how, when, and under what circumstances the student should receive blood glucose monitoring and injections of insulin as well as steps to take in case of an emergency. The DMMP form must be signed by the parent and physician before medication and treatment can be administered by the school nurse or by the trained diabetes personnel.

(b) Schools must obtain written permission from the student's parent/guardian to allow monitoring of the student's blood glucose and to administer insulin by injection or the delivery system used by the student. This may be included in the DMMP

### **(4) TRAINING OF SCHOOL EMPLOYEES IN THE CARE NEEDED FOR STUDENTS WITH DIABETES.**

(a) Georgia law, specifically O.C.G.A. § 20-2-779, requires schools to train at least two school employees in the care needed for students with diabetes. A school employee shall not be subject to any penalty or disciplinary action for refusing to serve as trained diabetes personnel.

(b) Training shall be conducted by a school nurse or other health care professional with expertise in diabetes and shall take place prior to the commencement of each school year, or as needed when a student with diabetes enrolls at a school, or when a student is newly diagnosed with

diabetes. Local boards of education shall ensure that the school nurse or other health care professional provides follow-up training and supervision as necessary

(c) Training shall include at a minimum:

1. Recognition and treatment of hypoglycemia and hyperglycemia;
2. Understanding the appropriate actions to take when blood glucose levels are outside of the target ranges indicated by a student's diabetes medical management plan;
3. Understanding physician instructions concerning diabetes medication dosage, frequency, and the manner of administration;
4. Performance of finger-stick blood glucose checking, ketone checking, and recording the results;
5. Administration of insulin and glucagon, an injectable used to raise blood glucose levels immediately for severe hypoglycemia, and the recording of results;
6. Performance of basic insulin pump functions;
7. Recognizing complications that require emergency assistance;
8. Recommended schedules and food intake for meals and snacks, the effect of physical activity upon blood glucose levels, and actions to be implemented in the case of schedule disruption; and
9. The requirements of O.C.G.A. § 20-2-779 and State Board of Education Rule 160-4-8-.18 *Diabetes Medical Management Plans*.

(d) Schools shall document training provided under O.C.G.A. § 20-2-779. Specifically, schools shall record the name, title, and credentials of the health care professional providing the training, and the names and titles of the school personnel receiving training as trained diabetes personnel.

(e) Suggested tools for providing training are [Helping the Student with Diabetes Succeed: A Guide for School Personnel](#) published by the National Diabetes Education Program and [Diabetes Care Tasks at School: What Key Personnel Need to Know](#) was produced by the American Diabetes Association (“School Training Modules”). The American Diabetes Association’s [School Training Modules](#) contain thirteen downloadable PowerPoint presentations and corresponding videos that are designed to be used by the school nurse or another health care professional to train school staff.

(f) The Georgia Department of Education recommends that all trained diabetes personnel and other school personnel be familiar with the National Diabetes Education Program’s publication [Helping the Student with Diabetes Succeed: A Guide for School Personnel](#). This resource was developed by the National Institute of Health, the Centers for Disease Control and Prevention, and other organizations and is available here:  
<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=97#main>

## **(5) GENERAL CARE NEEDED FOR STUDENTS WITH DIABETES.**

(a) Each school shall review and implement the diabetes medical management plan provided by the parent or guardian of a student with diabetes who seeks diabetes care while at school. Generally, the school nurse is the most appropriate person in the school setting to provide care management for a student with diabetes. Other trained diabetes personnel shall be available as

necessary. The school nurse or at least one trained diabetes personnel shall be on site at each school and available during regular school hours to provide care to each student with a diabetes medical management plan being implemented by the school. For purposes of field trips, the parent or guardian, or designee of such parent or guardian, of a student with diabetes may, at the discretion of the school, accompany such student on a field trip.

(b) Each local school system and state chartered special school shall provide information in the recognition of diabetes related emergency situations to all employed or contracted bus drivers responsible for the transportation of a student with diabetes.

(c) The Georgia Department of Education recommends that all trained diabetes personnel and other school personnel be familiar with the National Diabetes Education Program's publication Helping the Student with Diabetes Succeed: A Guide for School Personnel. This resource was developed by the National Institute of Health, the Centers for Disease Control and Prevention, and other organizations and is available here:

<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=97#main>

(d) School staff should:

1. Observe students with diabetes for signs and symptoms of hypoglycemia or hyperglycemia, and should notify the school nurse or trained diabetes personnel of negative signs and symptoms;
2. Be aware of the nutritional needs of students with diabetes;
3. Promote good hygiene to help prevent infection in students with diabetes;
4. Report any blood or other bodily fluid contamination to the school nurse or trained diabetes personnel for cleaning and handling in accordance with Universal Precautions.
5. Support students in the self-management of their diabetes as outlined in the DMMP; and
6. Offer emotional support to students with diabetes and refer students to the school nurse, trained diabetes personnel, or other resources when appropriate.

(e) In accordance with the request of a parent or guardian of a student with diabetes and the student's diabetes medical management plan, the school nurse or, in the absence of the school nurse, trained diabetes personnel shall perform functions including, but not limited to, responding to blood glucose levels that are outside of the student's target range; administering glucagon; administering insulin, or assisting a student in administering insulin through the insulin delivery system the student uses; providing oral diabetes medications; checking and recording blood glucose levels and ketone levels, or assisting a student with such checking and recording; and following instructions regarding meals, snacks, and physical activity. As provided in O.C.G.A. § 20-2-779, these activities do not constitute the practice of nursing and are exempted from all applicable statutory and regulatory provisions that restrict what activities can be delegated to or performed by a person who is not a licensed health care professional.

(f) Upon written request of a student's parent or guardian and if authorized by the student's diabetes medical management plan, a student with diabetes shall be permitted to perform blood glucose checks, administer insulin through the insulin delivery system the student uses, treat hypoglycemia and hyperglycemia, and otherwise attend to the monitoring and treatment of his or

her diabetes in the classroom, in any area of the school or school grounds, and at any school related activity, and he or she shall be permitted to possess on his or her person at all times all necessary supplies and equipment to perform such monitoring and treatment functions.

**(6) REQUIREMENTS FOR DIABETES MEDICAL MANAGEMENT PLANS (DMMP).**

(a) Sample forms of diabetes medical management plans (DMMP) are provided in Appendix A.

(b) A DMMP shall be signed by a health care professional.

(c) A DMMP shall:

1. Outline the dosage, delivery system, and schedule for blood glucose monitoring, insulin/medication administration, glucagon administration, ketone monitoring, meals and snacks, physical activity and include the student's usual symptoms of hypoglycemia and hyperglycemia, and their recognition and treatment;
2. Include emergency contact information; and
3. Address the student's level of self-care and management.

(d) A DMMP should be completed and submitted to the school at least annually.

(e) Emergency contact information and any medical history contained in the DMMP may be updated at any time without signature or assistance of a health care professional.

**(7) ADDITIONAL REQUIREMENTS.**

(a) A school must adhere to a DMMP for a student provided by a parent or guardian that is signed by a health care professional.

(b) A school shall not administer any treatment to a student with diabetes that is not outlined in his or her DMMP.

(c) A student's school choice under O.C.G.A. § 20-2-2130 or other applicable law shall in no way be restricted because the student has diabetes.

(d) No physician, nurse, school employee, local school system, or state chartered special school shall be liable for civil damages or subject to disciplinary action under professional licensing regulations or school disciplinary policies as a result of the activities authorized or required by O.C.G.A. § 20-2-779 when such acts are committed as an ordinarily reasonably prudent physician, nurse, school employee, local school system, or state chartered special school would have acted under the same or similar circumstances.

## **APPENDIX A**

**Form 1: Sample Diabetes Medical Management Plan (DMMP)**

**Form 2: Sample Hyperglycemia Emergency Care Plan**

**Form 3: Sample Hypoglycemia Emergency Care Plan**



## Form 1: Sample Diabetes Medical Management Plan (DMMP)

### DIABETES MEDICAL MANAGEMENT PLAN (DMMP)

**School Year:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone at Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone at Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

**BLOOD GLUCOSE (BG) MONITORING:** (Treat BG below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl as outlined below.)

- Before meals       as needed for suspected low/high BG       2 hours after correction  
 Midmorning       Mid-afternoon       Before dismissal

**INSULIN ADMINISTRATION:**

**Insulin delivery system:**  Syringe or  Pen or  **Insulin type:**  Humalog or  Novolog or  Apidra

**MEAL INSULIN:** (Best if given right **before eating**. For small children, can give within 15-30 minutes of the first bite of food or right after meal.)

- Insulin to Carbohydrate Ratio:       Fixed Dose per meal:  
 Breakfast: 1 unit per \_\_\_\_\_ grams carbohydrate      Breakfast: Give \_\_\_\_\_ units/Eat \_\_\_\_\_ grams carbohydrate  
 Lunch: 1 unit per \_\_\_\_\_ grams carbohydrate      Lunch: Give \_\_\_\_\_ units/Eat \_\_\_\_\_ grams carbohydrate

**CORRECTION INSULIN:** (For high blood sugar. Add before **MEAL INSULIN** to **CORRECTION INSULIN** for **TOTAL INSULIN** dose.)

- Use the following correction formula for pre-meal blood sugar over \_\_\_\_:  
 (BG - \_\_\_\_\_) ÷ \_\_\_\_\_ = extra units insulin to provide  
 Sliding Scale:  
 BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
 BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
 BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
 BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
 > \_\_\_\_\_ = \_\_\_\_\_ units

- SNACK:**  A snack will be provided each day at: \_\_\_\_\_       No coverage for snack:  
**Carbohydrate coverage only for snack**       1 unit per \_\_\_\_\_ grams of carb  
**(No BG check required):**       Fixed snack dose: Give \_\_\_\_\_ units/Eat \_\_\_\_\_ grams of carb

**PARENTAL AUTHORIZATION** to Adjust Insulin Dose:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Parents/guardians are authorized to increase or decrease insulin-to-carb ration within the following range. 1 unit per prescribed grams of carbohydrate, +/- _____ grams of carbohydrate
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Parents/guardians are authorized to increase or decrease correction dose with the following range: +/- _____ units of insulin
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Parents/guardians are authorized to increase or decrease fixed insulin dose with the following range: +/- _____ units of insulin

**MANAGEMENT OF LOW BLOOD GLUCOSE:**

<p><b>MILD low sugar:</b> Alert and cooperative student (BG below _____)</p> <input type="checkbox"/> Never leave student alone <input type="checkbox"/> Give 15 grams glucose; recheck in 15 minutes <input type="checkbox"/> If BG remains below 70, retreat and recheck in 15 minutes <input type="checkbox"/> Notify parent if not resolved <input type="checkbox"/> If no meal is scheduled in the next hour, provide an additional snack with carbohydrate, fat, protein.	<p><b>SEVERE low sugar:</b> Loss of consciousness or seizure</p> <input type="checkbox"/> Call 911. Open airway. Turn to side <input type="checkbox"/> Glucagon injection IM/SubQ <input type="checkbox"/> _____ <input type="checkbox"/> 0.50 mg <input type="checkbox"/> Notify parent. <input type="checkbox"/> for students using insulin pump, stop pump by placing in "suspend" or stop mode, disconnecting at pigtail or clip, and/or removing an attached pump. If pump was removed, send with EMS to hospital.
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**MANAGEMENT OF HIGH BLOOD GLUCOSE** (above \_\_\_\_ mg/dl)

- Sugar-free fluids/frequent bathroom privileges.
- If BG is greater than 300, and it's been 2 hours since last dose, give  HALF  FULL correction formula noted above.
- If BG is greater than 300, and it's been 4 hours since last dose, give FULL correction formula noted above.
- If BG is greater than \_\_\_\_, check for ketones. Notify parent if ketones are present.
- Child should be allowed to stay in school unless vomiting and moderate or large ketones are present.

**MANAGEMENT DURING PHYSICAL ACTIVITY:**

Student shall have easy access to fast-acting carbohydrates, snacks, and blood glucose monitoring equipment during activities. Child should NOT exercise if blood glucose levels are below \_\_\_\_ mg/dl or above 300 mg/dl and urine contains moderate or large ketones.

- Check blood sugar right before physical education to determine need for additional snack.
- If BG is less than \_\_\_\_ mg/dl, eat 15-45 grams carbohydrates before, depending on intensity and length of exercise.
- Student may disconnect insulin pump for 1 hour or decrease basal rate by \_\_\_\_\_.
- For new activities: Check blood sugar and after exercise only until a pattern for management is established.
- A snack is required prior to participation in physical education.

SIGNATURE OF AUTHORIZED PRESCRIBER (MD, NP, PA): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTIFY PARENT of the following conditions:** (If unable to reach parent, call diabetes provider office.)

- a. Loss of consciousness or seizure (convulsion) immediately after calling 911 and administering glucagon.
- b. Blood sugars in excess of 300 mg/dl, when ketones present.
- c. Abdominal pain, nausea/vomiting, fever, diarrhea, altered breathing, altered level of consciousness.

**SPECIAL MANAGEMENT OF INSULIN PUMP:** Applicable to student?  Yes  No (If yes, select options below)

- Contact Parent in event of: \* pump alarms or malfunctions \* detachment of dressing/infusion set out of place \*Leakage of insulin
- \* Student must give insulin injection \* Student has to change site \* Soreness or redness at site
- \* Corrective measures do not return blood glucose to target range within \_\_\_\_ hours
- Parents will provide extra supplies including infusion sets, reservoirs, batteries, pump insulin, and syringes.

<p><b>This student requires assistance by the School Nurse or Trained Diabetes Personnel with the following aspects of diabetes management:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitor and record blood glucose levels</li> <li><input type="checkbox"/> Respond to elevated or low blood glucose levels</li> <li><input type="checkbox"/> Administer glucagon when required</li> <li><input type="checkbox"/> Calculate and give insulin injections</li> <li><input type="checkbox"/> Administer oral medication</li> <li><input type="checkbox"/> Monitor blood or urine ketones</li> <li><input type="checkbox"/> Follow instructions regarding meals and snacks</li> <li><input type="checkbox"/> Follow instructions as related to physical activity</li> <li><input type="checkbox"/> Respond to CGM alarms by checking blood glucose with glucose meter. Treat using Management plan on page 1.</li> <li><input type="checkbox"/> Insulin pump management: administer insulin, inspect infusion site, contact parent for problems</li> <li><input type="checkbox"/> Provide other specified assistance: _____</li> </ul>	<p><b>This student may independently perform the following aspects of diabetes management:</b></p> <p>Monitor blood glucose:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> in the classroom</li> <li><input type="checkbox"/> in the designated clinic office</li> <li><input type="checkbox"/> in any area of the school and at any school</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitor urine or blood ketones</li> <li><input type="checkbox"/> Calculate and give own injections</li> <li><input type="checkbox"/> Calculate and give own injections with supervision</li> <li><input type="checkbox"/> Treat hypoglycemia (low blood sugar)</li> <li><input type="checkbox"/> Treat hyperglycemia (elevated blood sugar)</li> <li><input type="checkbox"/> Carry supplies for blood glucose monitoring</li> <li><input type="checkbox"/> Carry supplies for insulin administration</li> <li><input type="checkbox"/> Determine own snack/meal content</li> <li><input type="checkbox"/> Manage insulin pump</li> <li><input type="checkbox"/> Replace insulin pump infusion set</li> <li><input type="checkbox"/> Manage CGM</li> </ul>
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**LOCATION OF SUPPLIES EQUIPMENT:** (Parent will provide and restock all supplies, snacks, and low blood sugar treatment supplies.)

This section will be completed by school personnel and parent:

	Clinic Room	With Student		Clinic Room	With Student
Blood glucose equipment	<input type="checkbox"/>	<input type="checkbox"/>	Glucagon kit	<input type="checkbox"/>	<input type="checkbox"/>
Insulin administration supplies	<input type="checkbox"/>	<input type="checkbox"/>	Glucose gel	<input type="checkbox"/>	<input type="checkbox"/>
Ketone supplies	<input type="checkbox"/>	<input type="checkbox"/>	Juice/low blood glucose snacks	<input type="checkbox"/>	<input type="checkbox"/>

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**My signature provides authorization for the above Diabetes Mellitus Medical Management Plan. I understand that all procedures must be implemented within state laws and regulations. This authorization is valid for one year.**

**SIGNATURE of AUTHORIZED PRESCRIBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**Authorized Prescriber: MD, NP, PA**

**Name of Authorized Prescriber:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**SIGNATURES**

I (Parent/Guardian) \_\_\_\_\_ understand that all treatments and procedures may be performed by the student and/or Trained Diabetes Personnel within the school, or by EMS in the event of loss of consciousness or seizure. I also understand that the school is not responsible for damage, loss of equipment, or expenses utilized in these treatments and procedures. I give permission for school personnel to contact my child's diabetes provider for guidance and recommendations. I have reviewed this information form and agree with the indicated information. This document serves as the Diabetes Medical Management Plan as specified by the Georgia state law.

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SCHOOL NURSE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## Form 2: Sample Hyperglycemia Emergency Care Plan

### Diabetes – Hyperglycemia Emergency Care Plan (For High Blood Glucose)

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_ Date of Plan: \_\_\_\_\_

<b>Emergency Contact Information</b>	
Mother/Guardian _____	
Email address: _____	Home phone: _____
Work phone: _____	Cell: _____
Father/Guardian _____	
Email address: _____	Home phone: _____
Work phone: _____	Cell: _____
Health Care Provider _____	
Phone number: _____	
School Nurse: _____	
Contact number(s): _____	
Trained Diabetes Personnel: _____	
Phone number(s): _____	

<b>Causes of Hyperglycemia</b>	<b>Onset of Hyperglycemia</b>
<ul style="list-style-type: none"> <li>Too little insulin or other glucose-lowering medication</li> <li>Food intake that has not been covered adequately by insulin</li> <li>Decreased physical activity</li> <li>Illness</li> <li>Infection</li> <li>Injury</li> <li>Severe physical or emotional stress</li> <li>Pump malfunction</li> </ul>	<ul style="list-style-type: none"> <li>Over several hours or days</li> </ul>

<b>Hyperglycemia Signs</b>	<b>Hyperglycemia Emergency Symptoms</b> (Diabetic Ketoacidosis, DKA, which is associated with hyperglycemia, ketosis, and dehydration)
<b>Circle student's usual signs and symptoms.</b>	
<ul style="list-style-type: none"> <li>• Increased thirst and/or dry mouth</li> <li>• Frequent or increased urination</li> <li>• Change in appetite and nausea</li> <li>• Blurry vision</li> <li>• Fatigue</li> <li>• Other: _____</li> </ul>	<ul style="list-style-type: none"> <li>• Dry mouth, extreme thirst, and dehydration</li> <li>• Nausea and vomiting</li> <li>• Severe abdominal pain</li> <li>• Fruity breath</li> <li>• Heavy breathing or shortness of breath</li> <li>• Chest pain</li> <li>• Increasing sleepiness or lethargy</li> <li>• Depressed level of consciousness</li> </ul>

<b>Actions for Treating Hyperglycemia</b>	
<b>Notify School Nurse or Trained Diabetes Personnel as soon as you observe symptoms.</b>	
<b>Treatment for Hyperglycemia</b>	<b>Treatment for Hyperglycemia Emergency</b>
<ul style="list-style-type: none"> <li>• Check the blood glucose level: _____ mg/dL.</li> <li>• Check urine or blood for ketones if blood glucose levels are greater than: _____ mg/dL.</li> <li>• If student uses a pump, check to see if pump is connected properly and functioning.</li> <li>• Administer supplemental insulin dose: _____.</li> <li>• Give extra water or non-sugar-containing drinks (not fruit juices): _____ ounces per hour</li> <li>• Allow free and unrestricted access to the restroom.</li> <li>• Recheck blood glucose every 2 hours to determine if decreasing to target range of _____ mg/dL.</li> <li>• Restrict participation in physical activity if blood glucose is greater than _____ mg/dL and if ketones are moderate to large.</li> <li>• Notify parents/guardian if ketones are present.</li> </ul>	<ul style="list-style-type: none"> <li>• Call parents/guardian, student's health care provider, and 911 (Emergency Medical Services) right away.</li> <li>• Stay with the student until Emergency Medical Services arrive.</li> </ul>

**from “Helping the Student with Diabetes Succeed: A Guide for School Personnel”, 2010 Edition, pages 111 - 112)**

### Form 3: Sample Hypoglycemia Emergency Care Plan

#### Diabetes – Hypoglycemia Emergency Care Plan (For Low Blood Glucose)

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_ Date of Plan: \_\_\_\_\_

**Emergency Contact Information**

Mother/Guardian \_\_\_\_\_

Email address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

  

Father/Guardian \_\_\_\_\_

Email address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

  

Health Care Provider \_\_\_\_\_

Phone number: \_\_\_\_\_

  

School Nurse: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

  

Trained Diabetes Personnel: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**The student should never be left alone, or sent anywhere alone, or with another student, when experiencing hypoglycemia.**

Causes of Hypoglycemia	Onset of Hypoglycemia
<ul style="list-style-type: none"> <li>Too much insulin</li> <li>Missing or delaying meals or snacks</li> <li>Not eating enough food (carbohydrates)</li> <li>Giving extra, intense, or unplanned physical activity</li> <li>Being ill, particularly with gastrointestinal illness</li> </ul>	<ul style="list-style-type: none"> <li>Sudden – symptoms may progress rapidly</li> </ul>

<b>Hypoglycemia Symptoms</b>		
<b>Circle student's usual symptoms.</b>		
<b>Mild to Moderate</b>		<b>Severe</b>
<ul style="list-style-type: none"> <li>• Shaky or jittery</li> <li>• Sweaty</li> <li>• Hungry</li> <li>• Pale</li> <li>• Headache</li> <li>• Blurry vision</li> <li>• Sleepy</li> <li>• Dizzy</li> <li>• Confused</li> <li>• Disoriented</li> </ul>	<ul style="list-style-type: none"> <li>• Uncoordinated</li> <li>• Irritable or nervous</li> <li>• Argumentative</li> <li>• Combative</li> <li>• Changed personality</li> <li>• Changed behavior</li> <li>• Inability to concentrate</li> <li>• Weak</li> <li>• Lethargic</li> <li>• Other: _____</li> </ul>	<ul style="list-style-type: none"> <li>• Inability to eat or drink</li> <li>• Unconscious</li> <li>• Unresponsive</li> <li>• Seizure activity or convulsions (jerking movements)</li> </ul>

<b>Actions for Treating Hypoglycemia</b>	
Notify School Nurse or Trained Diabetes Personnel as soon as you observe symptoms. If possible, check blood glucose (sugar) at fingertip. Treat for hypoglycemia if glucose level is less than _____ mg/dL. <b>WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA AS SPECIFIED BELOW.</b>	
<b>Treatment for Mild to Moderate Hypoglycemia</b>	<b>Treatment for Severe Hypoglycemia</b>
<ul style="list-style-type: none"> <li>• Provide quick-acting glucose (sugar) product equal to _____ grams of carbohydrates.                Examples of 15 grams of carbohydrates include:               <ul style="list-style-type: none"> <li>○ 3 or 4 glucose tablets</li> <li>○ 1 tube of glucose gel</li> <li>○ 4 ounces of fruit juice (not low-calorie or reduced sugar)</li> <li>○ 6 ounces of soda (1/2 can)(not low-calorie or reduced sugar)</li> </ul> </li> <li>• Wait 10 to 15 minutes.</li> <li>• Recheck blood glucose level.</li> <li>• Repeat quick-acting glucose product if blood glucose level is less than _____ mg/dL.</li> <li>• Contact the student's parents/guardian.</li> </ul>	<ul style="list-style-type: none"> <li>• Position the student on his or her side.</li> <li>• Do not attempt to give anything by mouth.</li> <li>• Administer glucagon: _____ mg at _____ site.</li> <li>• While treating, have another person call 911 (Emergency Medical Services)</li> <li>• Contact the student's parents/guardian.</li> <li>• Stay with the student until Emergency Medical Services arrive.</li> <li>• Notify student's health care provider.</li> </ul>

from "Helping the Student with Diabetes Succeed: A Guide for School Personnel", 2010 Edition, pages 109 - 110)