

**GREATER EGG HARBOR REGIONAL HIGH SCHOOL DISTRICT
ABSEGAMI HIGH SCHOOL
Galloway, NJ 08205**

Diabetes Health Care Emergency Action Plan

Student Information		
Name:	DOB:	Grade:
Address:		
Father/Guardian:	Phone (home):	Phone (work):
Mother/Guardian:	Phone (home):	Phone (work):
Other Emergency Contacts		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Physician:	Phone:	
Hospital:	Transport: <input type="checkbox"/> Parent <input type="checkbox"/> Ambulance <input type="checkbox"/> Other	

Emergency items to be left at school: Glucose tablets Blood glucose meter
 Snacks Insulin
 Syringes _____
 _____ _____

In the event of an insulin reaction, the procedure routinely followed at school is to give some form of sugar such as 1/2 carton of milk followed with crackers and peanut butter, 1/2 cup fruit juice or 1/2 cup non diet soda. If the student is unconscious, "911" is called.

I approve the above health care action plan as written. Yes _____ No _____

Please make the following changes to the health care action plan:

List other additional information or significant special health concerns of this student:

I give permission for emergency blood glucose testing by the school nurse using equipment I have provided. I understand that when the school nurse is not available for emergency blood glucose testing, the parent/guardian will be notified or "911" will be called. Yes _____ No _____

Additional directions regarding blood glucose testing:

Protocol for School Nurse

- A. Please check blood glucose daily before lunch and as needed through out the day.
- B. Child is symptomatic, check blood glucose and proceed according to the following guidelines:
- C. Watch for low blood glucose reactions after gym, recess or other physical activities.

IF BELOW 80 mg/dl	IF 8—240 mg/dL	IF ABOVE 240 mg/dL
<ul style="list-style-type: none"> 1. Give 15 grams of carbohydrate 2. Wait 10-15 minutes. 3. If still symptomatic, give another 15 grams of carbohydrate. 4. Recheck blood sugar and repeat treatment if less than 80. 5. IF above 80 and more that 1 hour until next meal, give one starch exchange. ** 6. Severe Reactions: For example: convulsion, passed out. <ul style="list-style-type: none"> a. Give 1 mg(1cc) Glucagon SQ or b. Rub cake icing or monogell onto gums and buccal mucosa. THEN c. When awake, give 15 grams of carbohydrate and 1 starch exchange 7. Minimize child's activity until blood glucose>80 (ie do not permit child to walk freely in the halls.) 	<ul style="list-style-type: none"> 1. Do not give extra food (unless it is mealtime). 2. Child may return to class or go to eat lunch. 	<ul style="list-style-type: none"> 1. Check urine for ketones. 2. If ketones are neg-small, give ____ ounces of non-caloric fluid and return to class; recheck ketones in 2 hours. 3. IF ketones are moderate: <ul style="list-style-type: none"> a. Call parents b. Give ____ sugar-free fluids every hour.

*** 15 Grams of carbohydrate**

- 1. 4 ounces unsweetened fruit juice
- 2. 4 ounces regular soda
- 3. 6 lifesavers or 3-4 glucose tablets

*** Starch Exchange**

- 1. 6 saltines (with cheese or peanut butter)
- 2. 1 slice of bread
- 3. 2 squares of graham cracker

**If you have additional questions feel free to contact the
Absegami's nurses at 609-404-2025**