

Emergency Action Plan: Glucose Monitoring Treatment

STUDENT:

DOB:

GRADE/TEACHER

☐ Insulin Addendum ☐ Pump Addendum ☐ CGM Addendum ☐ Self-Management Plan ☐ Other: Addendum _____

+TREATMENT PLAN: Low Blood Glucose (Hypoglycemia): Below _____ mg/dl

Causes: •Too much insulin •Too much exercise •High excitement/anxiety •Too few carbohydrates eaten for the amount of insulin given

If you see this:	Follow this: ACTION PLAN
Signs of Mild Low Blood Glucose (STUDENT IS ALERT) <ul style="list-style-type: none"> Headache Sweating, pale Shakiness, dizziness Tired, falling asleep in class Inability to concentrate Poor coordination Other: _____ 	<ol style="list-style-type: none"> Responsible person accompany student to health room or check blood/sensor glucose on site Check blood/sensor glucose If less than _____mg/dl, give one of the following sources of glucose: (~15gms for fast-acting sugar (student < 5 y.o. give 7.5gms) (Checked are student's preferred source of glucose but if not available any of these may be used) <input type="checkbox"/> 2-4 glucose tablets <input type="checkbox"/> 6-9 Sweetarts® candies <input type="checkbox"/> 2-4 oz of juice Other: _____ After 10-15 minutes, re-check blood/sensor glucose Repeat giving glucose & re-check if necessary until blood glucose is > _____mg/dl. Do not give insulin for the carbs used to bring up glucose level <input type="checkbox"/> Follow with a 15gm complex carb snack (do not give insulin for these carbs) OR if lunch time - Send to lunch (give insulin per orders). Notify parent/guardian & school nurse Comments: _____
Signs of Moderate Low Blood Glucose (Student has decreased alertness) <ul style="list-style-type: none"> Severe confusion Disorientation May be combative 	<ol style="list-style-type: none"> Check blood/sensor glucose Keeping head elevated, give one of the following forms of glucose: <ul style="list-style-type: none"> 1 tube Cake Mate® gel or instant glucose applied between cheek and gum After 10-15 minutes, check blood/sensor glucose again Re-treat if necessary, until blood/sensor glucose is > _____mg/dl. Follow with 15gm complex carb snack (do not give insulin for these carbs) Suspend/disconnect pump. Notify parent/guardian & school nurse Comments: _____
Signs of Severe Low Blood Glucose <ul style="list-style-type: none"> Not able to or unwilling to swallow Unconsciousness Seizure GIVE NOTHING BY MOUTH!	<ol style="list-style-type: none"> Call 911, activate Emergency response, place student on their side; CHECK BG/SG If personnel are authorized give Glucagon, prescribed dose: _____mg(s) Intramuscular OR Give BAQSIMI (3mg): spray in one nostril or GVOKE prescribed dose _____mg(s) intramuscular Suspend/disconnect pump & send pump to hospital with parent/EMS Remain with student until help arrives. Notify parent/guardian and school nurse Comments: _____

+TREATMENT PLAN: High Blood Glucose (Hyperglycemia) Blood/Sensor Glucose above _____ mg/dl

Causes: •Illness •Underestimated carbohydrates and bolus •Hormonal Changes •Increased stress/anxiety •Insulin pump not delivering insulin

Signs of High Blood Glucose (STUDENT IS ALERT) Symptoms could include: <ul style="list-style-type: none"> Extreme Thirst Headache Abdominal Pain Nausea Increased Urination Lethargic Other: _____ Note: <ul style="list-style-type: none"> If on a pump, insulin may need to be given by injection - Contact school nurse & parent. Allow to carry water bottle & use rest room unrestricted. 	<ol style="list-style-type: none"> Provide blood/sensor glucose correction as indicated in Provider Orders or per pump. Recheck in 2 hours. When hyperglycemia occurs other than at lunchtime - contact school nurse & parent to determine correction procedure per provider orders or one-time orders. Encourage to drink water or DIET pop (caffeine free): 1 ounce water/year of age/per hour. Notify parents and school nurse if BG/SG ≥ 300mg or _____ as indicated on provider orders. Contact the school nurse for Exercise Restrictions and School Attendance per Standards. ✓ Check urine/blood ketones; if BG/SG is over 300mg/dl X2 or _____ as indicated on provider orders. & it has been > than 2 hours since last insulin dose. Recheck blood/sensor glucose in 2 hours following correction. Contact school nurse & parent with results. ✓ Check urine ketones or <input type="checkbox"/> blood ketones; if glucose ≥ 300mg/dl or when ill, nausea, stomachache, lethargic, and/or vomiting. Contact school nurse & parent with results. If BG/SG > 300mg/dl & urine ketones are moderate to large or if blood ketones are greater than 1.0 mmol, call parent & school nurse immediately! No exercise. Recommend: Student to be released to parent/guardian for treatment/monitoring at home. For PUMP users: If BG/SG ≥ 300 mg/dl & ketones are positive, insulin to be given by injection by School Nurse or delegated staff (can use pump calculator to determine bolus) and set change by parent/guardian or independent student. If ketones negative, give an insulin bolus via pump and retest in 1-2 hours. Then if the BG/SG continues to be ≥ 300mg/dl, the correction bolus should be given by injection (can use pump calculator to determine bolus) and set change (to be changed by parent/guardian or independent student). Notify parents of BG/SG results, ketone levels and actions. If student's BG/SG level is ≥ 300 mg/dl & symptomatic (illness, nausea, vomiting) - notify school nurse & parent. Student must go home to be treated/monitored by adult. Comments: _____
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Parent Signature: _____

School Nurse Signature: _____

Date: _____

Date: _____

Health Care Provider Orders for Student with Diabetes on Injections/Oral Medication

To be completed by the Health Care Provider and used in conjunction with the Standards of Care for Diabetes Management in the School Setting – Colorado
www.coloradokidswithdiabetes.org

Student:	DOB:	School:	Grade:
Physician/Provider:	Phone:		
Diabetes Educator:	Phone:		

TARGET RANGE – Blood Glucose:	mg/dl	TO	mg/dl
<input type="checkbox"/> < 5y.o. 80-200mg/dl	<input type="checkbox"/> 5 – 8 y.o. 80-200mg/dl	<input type="checkbox"/> 9-11y.o. 70-180mg/dl	<input type="checkbox"/> 12-18y.o. 70-150mg/dl
<input type="checkbox"/> >18y.o. 70-130mg/dl			
Notification to Parents: Low < <u>target range</u> and High > 300 mg/dl or Other: less than <u>mg/dl</u> and greater than: <u>mg/dl</u>			
<input type="checkbox"/> Continuous glucose monitoring: Always Confirm glucose level with a fingerstick/meter prior to treatment unless student has a Dexcom G5 or G6, it may be used for dosing and treatment. Please follow Collaborative Guidelines for Dexcom G5 & G6: Therapeutic Dosing in the School Setting (www.coloradokidswithdiabetes.org)			

Hypoglycemia: Follow Standards of Care for Diabetes Management in the School Setting – Colorado, unless otherwise indicated here:
For Severe Symptoms: Call 911 & Administer: <input type="checkbox"/> Glucagon Injection Dose: <u>mg</u> Intramuscular in OR <input type="checkbox"/> BAQSIMI nasal spray 1 device (3mg) in one nostril
Hyperglycemia: Follow Standards of Care for Diabetes Management in the School Setting – Colorado, unless otherwise indicated here:
Ketone Testing: per Standards of Care for Diabetes Management in the School Setting – Colorado OR Other: <u>Other:</u>

When to Check Blood Glucose: For provision of student safety while limiting disruption to learning
<input checked="" type="checkbox"/> Always for signs & symptoms of low/high blood glucose, when does not feel well and/or behavior concerns
<input checked="" type="checkbox"/> Check before meals and as mutually agreed upon by parent and school nurse
<input type="checkbox"/> Other:

Blood Glucose Correction & Insulin Dosage using Rapid Acting/Short Acting Insulin Type:	<i>Injections should be given subcutaneously & rotated</i>
Lunchtime Correction: Give <input type="checkbox"/> Prior to lunch <input type="checkbox"/> Immediately after lunch <input type="checkbox"/> Split ½ before lunch & ½ after lunch <input type="checkbox"/> Other :	
<input type="checkbox"/> Insulin Dosing Attached	
<input type="checkbox"/> Sensitivity/Correction Factor:	<u>unit</u> insulin for every <u>mg/dl</u> above <u>mg/dl</u> starting at <u>mg/dl</u>
Blood Glucose Range: <u>mg/dl</u> to <u>mg/dl</u>	Administer: <u>units</u> <input type="checkbox"/> Check ketones
Blood Glucose Range: <u>mg/dl</u> to <u>mg/dl</u>	Administer: <u>units</u> <input type="checkbox"/> Check ketones
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Blood Glucose Range: <u>mg/dl</u> to <u>mg/dl</u>	Administer: <u>units</u> <input type="checkbox"/> Check ketones
<input type="checkbox"/> Parent/guardian authorized to increase or decrease sliding scale +/- 2 units of insulin per Guidelines for Insulin Management*	
When hyperglycemia occurs other than at lunchtime:	
<input type="checkbox"/> If it has been greater than 3 hours since the last dose of insulin, the student may be given insulin via injection using the indicated correction factor on the provider orders if approved by the school nurse and parent is notified.	
<input type="checkbox"/> Contact Health Care Provider for One-time order	

Carbohydrates and Insulin Dosage: <input type="checkbox"/> Breakfast <input type="checkbox"/> Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Other:
(To be given in conjunction with the correction dose as indicated)
Insulin to Carbohydrate Ratio: <u>unit(s)</u> for every <u>grams</u> of carbohydrate to be eaten <input type="checkbox"/> Dosing Attached
<input type="checkbox"/> Parent/guardian authorized to increase or decrease insulin to carb ratio 1 unit +/- 5 grams of carbohydrates

<input type="checkbox"/> Oral Medication: <u>mg</u> Time: <u></u>
<input type="checkbox"/> NPH Insulin Dose: <u>units</u> SQ Time: <u></u>
Student's Self Care: <input type="checkbox"/> No supervision <input type="checkbox"/> Full supervision, <input type="checkbox"/> Requires some supervision: ability level to be determined by school nurse and parent unless otherwise indicated here:
Additional Information:
Signatures: My signature below provides authorization for the written orders above and exchange of health information to assist the school nurse an Individualized Health Plan. I understand that all procedures will be implemented in accordance with state laws and regulations and may be performed by unlicensed designated school personnel under the training and supervision provided by the school nurse. This order is for a maximum of one year.
Physician: <u></u> Date: <u></u>
Parent: <u></u> Date: <u></u>
School Nurse: <u></u> Date: <u></u>

Student Name: [Student Name] Birthday [Date of birth] Grade [Grade]

Model: Click or tap here to enter text.

CGM alarms set for BG/BS Low: mg/dl High BG/BS: mg/dl**DEXCOM G5:**

Pending Lows or Hypoglycemia for G5:

- CGM screen shows <80 mg/dl with or without arrow(s)
- Test finger blood sugar and follow Emergency Action Plan: Glucose Monitoring & Treatment

Pending High or Hyperglycemia G5:

- CGM screen shows >250 mg/dl with or without arrow(s)
- Test finger blood sugar and follow Emergency Action Plan: Glucose Monitoring and Treatment
- Trend Arrows: May be used in treatment decisions (as agreed upon by the school nurse and parent).
- Yes ☐ No ☐ If yes see following:
- CGM 70-80 with 1 arrow facing down (↓) give 7.5 gm of carbohydrates)
- CGM 70-80 with 2 arrows facing down (↓↓) give 15 gm of quick sugar
- CGM 70-80 with level arrow (→) consider giving complex carb snack (10-15 gms of carbs) without insulin bolus per parent and school nurse.

DEXCOM G6:

Will the student on Dexcom G6 dose insulin off of the CGM reading?

Yes ☐ No ☐

Numeric value between 40-400 or Click or tap here to enter text. may be used for all treatment decisions and insulin dosing as long as there is an arrow present.

*If you see the word "LOW" (below 40) or "HIGH" (400 or over) you must use a finger stick to determine blood glucose and treatment.

Special instructions: If blood glucose/CGM in range but student feels symptomatic, provide 15-gram solid carbohydrate snack.**Notify Parent/Guardian:**

- Glucose sensor becomes dislodged, soreness, redness or bleeding at infusion site
- Dislodged Infusion Set
- Repeated Alarms (examples: too disruptive or frequent)
- CGM Malfunction
- Parent is responsible for changing the sensor and site

FREESTYLE LIBRE:

Updates every 15 minutes when receiver is tapped on the sensor. FDA approved for treatment using number, unless symptoms do not match reading. If student is low, treat per Emergency care plan, may want to do fingerstick blood glucose check for recovery BG to expedite return to class not required to do fingerstick.

Medtronic Guardian CGM and Enlite CGM:

Updates every 5 minutes and requires fingerstick for insulin administration. Is NOT FDA approved for treatment using number. If student is low, treat per Emergency care plan.

Student Health Plan: Diabetes (Self-Management)☐ Type 1☐ Type 2

Student: _____
Guardian 1: _____
Guardian 2: _____
School Nurse: _____
School: _____
Physician: _____
504 Plan on file: _____

DOB: _____
Work Phone: _____
Work Phone: _____
Phone: _____
Grade: _____
Phone: _____
☐ Yes ☐ No

Home Phone: _____
Cell Phone: _____
Cell Phone: _____
Teacher: _____
Fax: _____

Student self-manages daily diabetes care tasks (attach self-management student agreement)

Blood Glucose Monitoring: Student is able to check as needed during the school day.

Target range: _____ mg/dl to _____ mg/dl.

NOTE: An Emergency Action Plan, Hyper/Hypo flow charts, and a self-management student agreement will be kept on file per school standards.

Health Concern #1**Low Blood Glucose (Hypoglycemia)**

Emergency situations may occur with low blood glucose.

Symptoms: shaky, feels low, feels hungry, confused

- Student is treated when blood glucose is below _____ mg/dl or if symptomatic.
- If treated outside the classroom, a responsible person should accompany student to the clinic.
- Follow directions on **Hypoglycemia Flow Chart**.

Health Concern #2**High Blood Glucose (Hyperglycemia)**

Symptoms: increased thirst, increase in urination, headache, stomachache

- Student is treated when blood glucose is above _____ mg/dl.
- Follow directions on **Hyperglycemia Flow Chart**.

Call 911 for following

1. Student is unable to cooperate to eat or drink anything.
2. Decreasing alertness or loss of consciousness.
3. Seizure—never put anything into the mouth of a person who is unconscious or having a seizure. Roll student onto side and protect from injury.

NOTE: If Emergency medication is prescribed and available, immediately contact delegated staff to administer.

Comments: _____

Medication at School: Insulin via: ☐ Pump ☐ Syringe ☐ Pen ☐ None

Glucagon/Emergency Medication: ☐ Yes ☐ No Location in school: _____

Staff delegated to administer Glucagon/ Emergency Medication: _____

Additional Information:

1. Student is allowed access to fast acting glucose and test blood glucose as needed.
2. Student will be allowed to carry a water bottle and have unrestricted bathroom privileges.
3. Substitute teachers must be aware of the student's health situation
4. Be aware that blood glucose levels can affect ability to concentrate and perform properly on tests.
5. Prior to and during timed tests, i.e., CSAPs, have student monitor their blood glucose. If blood glucose out of range during test, treat per care plan. Allow for student to continue taking test when student returns to normal range and asymptomatic.
6. Notify Parent(s) when blood glucose below _____ mg/dl or above _____ mg/dl and for emergencies.

FIELD TRIPS AND SPECIAL EVENTS: Notify parents of all field trips and special events. Supervising staff will review Student Health Plan. Trained and delegated staff will provide necessary interventions for daily management and emergency care. All necessary supplies will accompany student during the trip and may include: blood glucose meter, snack and drinks, fast acting glucose, Glucagon.

As parent/guardian of the above named student, I give my permission to the school nurse and other designated staff to perform and carry out the diabetes tasks as outlined in this School Health Plan and for my child's health care provider to share information with the school nurse for the completion of this plan. I understand that the information contained in this plan will be shared with school staff on a need-to-know basis.

Parent

Date

School Nurse

Date