## Emergency Action Plan

for a student with Diabetes

Hyperglycemia (High Blood Sugar)

Photo	

Student's Name							
Grade/Teacher Date of Plan Emergency Contact Information:							
Mother/Guardian	Cell phone	Home phone	Work phone				
Father/Guardian	Cell phone	Home phone	Work phone				
School Nurse	Cont	act number(s)					
Trained Diabetes Personnel	Cont	eact number(s)					
	*7	Causes of Hyperglycemia Too much food *Illness Too much insulin *Infection Decreased activity *Stress					
		Symptoms					
*Thirst *Frequent Urination *Fatigue/Sleepiness *Increased Hunger *Blurred Vision *Weight loss *Stomach pains *Flushing of skin *Lack of concentrat *Sweet, fruity breat	tion	*Moderate  *Mild symptoms plus:  *Dry mouth  *Nausea  *Stomach cramps  *Other	Severe  *Mild and moderate Symptoms plus: *Labored breathing *Very Weak *Confused *Unconscious *Other				
*Other Circle student's usual sy	emptoms	Circle student's usual symptoms	Circle student's usual symptoms				
	,						
*Er *Co adn *If pare	ontact the school r ninister insulin, pe student is nauseou	Actions Needed ne bathroom to drink water or sugar free drin nurse or trained diabetes person er student's Diabetes Medical M us, vomiting, or lethargic,call for medical assistar	nel to check urine, or Management Plan call the				

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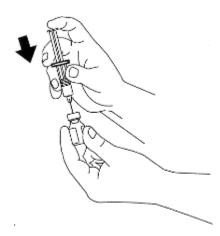
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Grade/Teacher Emergency Contact Inform	nation:			Date of Plan	
Mother/Guardian	Cell	phone	Home phone	Work phone	
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School Nurse		Contact number(s)			
Trained Diabetes Personnel	m cond o oh	Contact num	` '	www.homo.olonoo	*
" <u>Neve</u>	er send a ch		d low blood sugar an	iywnere alone	· 
	*Too mucl *Missed fo * Delayed	h insulin ood	f Hypoglycemia  *Too much or too inte  *Unscheduled exercise		
		S	ymptoms		
Mild		M			Severe
*Hunger *Sweating *He *Shakiness *Drowsiness *Be *Weakness *Personality Cl *Paleness change *Po *Anxiety *Inability to concentrate *Ot *Dizziness *Powating *He *Be *Approximate *Be *Concentrate *Concentrate *Concentrate *Powation* *Powation* *Be *Be *Be *Be *Be *Be *Concentrate *Be		*Headache *Behavior Change *Poor Coordination *Other	*Blurry vision *Weakness *Slurred speech *Confusion	*Seizur	f consciousness e ty to swallow
	*Other Circle student's usual symptoms Circle		Circle student's usual symptoms		student's usual symptoms
			<b>—</b>		
		d Diabetes Perso	tions Needed onnel. If possible, che ways TREAT FOR H		
Mild			Moderate		Severe
*Student may/may not treat self  *Provide quick-sugar source:  3-4 glucose tablets or  4 oz. juice or  6 oz. regular soda or  3 teaspoons of glucose gel  *Wait 10-15 minutes  *Recheck blood sugar  *Repeat quick-sugar if symptoms persist or blood sugar is less than  *Follow with a snack of carbohydrate and protein		*Get assi *Give stu source pe Guideline *Wait 10 *Recheck *Repeat of symptom sugar is le *Follow carbohyd	stance ident quick-sugar or MILD	anythin *Positi possibl *Conta trained *Admi prescri diabete *Call 9	t attempt to give ng by mouth on on side, if le nct school nurse or l diabetes personnel mister glucagon, as bed by a trained es personnel

# DIRECTIONS FOR USE TO PREPARE GLUCAGON FOR INJECTION

1. Remove the flip-off seal from the bottle of glucagon. Wipe rubber stopper on bottle with alcohol swab.



2. Remove the needle protector from the syringe, and inject the entire contents of the syringe into the bottle of glucagon. DO NOT REMOVE THE PLASTIC CLIP FROM THE SYRINGE. Remove syringe from the bottle.



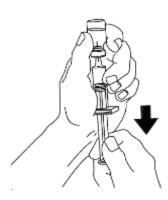
3. Swirl bottle gently until glucagon dissolves completely. GLUCAGON SHOULD NOT BE USED UNLESS THE SOLUTION IS CLEAR AND OF A WATER-LIKE CONSISTENCY.



### TO INJECT GLUCAGON

#### Use Same Technique as for Injecting Insulin

4. Using the same syringe, hold bottle upside down and, making sure the needle tip remains in solution, gently withdraw all of the solution (1 mg mark on syringe) from bottle. The plastic clip on the syringe will prevent the rubber stopper from being pulled out of the syringe; however, if the plastic plunger rod separates from the rubber stopper, simply reinsert the rod by turning it clockwise. The usual adult dose is 1 mg (1 unit). For children weighing less than 44 lb (20 kg), give 1/2 adult dose (0.5 mg). For children, withdraw 1/2 of the solution from the bottle (0.5 mg mark on syringe). DISCARD UNUSED PORTION.



## USING THE FOLLOWING DIRECTIONS, INJECT GLUCAGON IMMEDIATELY AFTER MIXING.

- 5. Cleanse injection site on buttock, arm, or thigh with alcohol swab.
- 6. Insert the needle into the loose tissue under the cleansed injection site, and inject all (or 1/2 for children weighing less than 44 lb) of the glucagon solution. THERE IS NO DANGER OF OVERDOSE. Apply light pressure at the injection site, and withdraw the needle. Press an alcohol swab against the injection site.
- 7. Turn the patient on his/her side. When an unconscious person awakens, he/she may vomit. Turning the patient on his/her side will prevent him/her from choking.
- 8. FEED THE PATIENT AS SOON AS HE/SHE AWAKENS AND IS ABLE TO SWALLOW. Give the patient a fast-acting source of sugar (such as a regular soft drink or fruit juice) and a long-acting source of sugar (such as crackers and cheese or a meat sandwich). If the patient does not awaken within 15 minutes, give another dose of glucagon and INFORM A DOCTOR OR EMERGENCY SERVICES IMMEDIATELY.
- 9. Even if the glucagon revives the patient, his/her doctor should be promptly notified. A doctor should be notified whenever severe hypoglycemic reactions occur.

Adapted from: Eli Lilly and Company. (2005). *Information for the user: Glucagon for injection*. Retrieved from http://pi.lilly.com/us/rglucagon-ppi.pdf