

Diabetic Action Plan

for a student with Diabetes Hyperglycemia

(High Blood Sugar)

School Year

School:		Grade: Teacher:				
Student's Name:		Date of Birth:		Ge ☐ Male	Gender: ☐ Male ☐ Female	
Parent/Guardian Name(s):		Work Phone(s):		Cell Phone(s):		
Emergency Contact Person:		Contact Phone(s):				
Healthcare Provider Name(s):		Phone:				
School Nurse/Trained Diabetes Personnel		Contact Phone(s):				
Too much for Too little ins		On Over time—sevens	345	ys		
Mild Thirst Frequent urination Fatigue/sleepiness Increased hunger Blurred vision Weight loss Stomach pains Flushing of skin Lack of concentration Sweet, fruity breath Other:	Moderat • Mild symptom • Dry mouth • Nausea • Stomach cram • Vomiting • Other:	ps	Severe • Mild and moderate symptoms plus: • Labored breathing • Very weak • Confused • Unconscious			
• Encou • Contac urine o Manag	Actions Need free use of the bathroom. rage student to drink water of the school nurse or trained or administer insulin, per student by the school nurse or trained or administer insulin, per student Plan.	eded or sugar-free drink diabetes personn dent's Diabetes M	xs. uel to check fedical	nt's usual symptoms.		

cannot be reached.



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Emergency Contact Person:	Contact Phone	Contact Phone(s):		
Healthcare Provider Name(s):	Phone:	Phone:		
School Nurse/Trained Diabetes Personnel	Contact Phone(s):		
• Too mu • Misse • Delay • Too much or to	ed food red food o intense exercise iled exercise	Onset Sudden		
	Symptoms			
Mild • Hunger • Sweating • Shakiness • Weakness • Paleness • Paleness • Anxiety • Irritability • Dizziness	Moderate • Headache • Blurry vision • Behavior • Weakness change • Slurred Speech • Poor • Confusion coordination • Other	Severe Loss of consciousness Seizure Inability to swallow		
Circle student's usual symptoms.	Circle student's usual symptoms.	Circle student's usual symptoms.		
*	*	*		
	Actions Needed Diabetes Personnel. If possible, chec When in doubt, always TREAT FOI			
¥	1			
• Student may/may not treat self. • Provide quick-sugar source. 3-4 glucose tablets or 4 oz. juice or 6 oz. regular soda or	Moderate Someone assists. Give student quick-sugar source per MILD guidelines. Wait 10 to 15 minutes.	Severe Don't attempt to give anything by mouth. Position on side, if possible. Contact school nurse or trained diabetes personnel.		
3 teaspoons of glucose gel • Wait 10 to 15 minutes. • Recheck blood glucose. • Repeat food if symptoms persist or blood glucose is less than • Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).	Recheck blood glucose. Repeat food if symptoms persist or blood glucose is less than Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).	 Administer glucagon, as prescribed. Call 911. Contact parents/guardian. Stay with student. 		