

**CENTRAL COMMUNITY SCHOOL DISTRICT
PHYSICIAN'S STATEMENT**

Name _____ DOB ___/___/___ School _____
Address _____ Parent _____
Phone (Home) _____ (Work) _____ (Pager/Cell) _____
Emergency Name _____ Phone Number _____

- Blood sugar testing should be performed at school at _____ and as needed
- Dietary recommendation _____.
- Provide snack _____ grams of carbohydrate.
_____ Mid-morning snack _____ Mid-afternoon
_____ Exercise or PE _____ None required
- Treatment of Hypoglycemia and Hyperglycemia (see pages 2-3 of this packet).
- Self administration of insulin at school.
- Additional Orders:

MD's signature _____ Print name _____
Parent signature _____
Office Address _____
Phone _____ Fax _____

CENTRAL COMMUNITY SCHOOL DISTRICT

HYPOGLYCEMIA PROTOCOL

STUDENT NAME _____

HYPOGLYCEMIA: Deficiency of sugar in blood. A condition in which the sugar, or glucose, in the blood is abnormally low.

ONSET: Sudden, may become unconscious if untreated. Treat within (5) minutes of observing signs and symptoms.

BLOOD GLUCOSE PRECAUTIONS: Normal range: 70-115

Below 70 mg, treat and notify parent/guardian. **Occasionally, a student may have symptoms of a low blood sugar, yet the blood sugar may be >70 mg/dl. If symptoms are present or**

if

in doubt, treat.

SYMPTOMS OF HYPERGLYCEMIA:

EARLY				LATE	SEVERE
Shakiness	Fast Heartbeat	Headache	Nausea	Confusion	Fainting
Paleness	Stomachache	Hunger	Crying	Restlessness	Convulsions
Sweating	Vomiting	Irritability	Sleepy	Poor Coordination	Seizures
					Coma

Check blood sugar, if possible. When low blood sugar is suspected, treated first, DO NOT allow student with diabetes out of the classroom alone. Always use buddy system, have older student or teacher escort the student. School staff will document on appropriate Diabetes Records.

ACTIONS:

1. If blood sugar is below 70 mg/dl, or when child is having symptoms of blood sugar, give a fast-acting sugar source, such as (Examples)

2-3 glucose tablets	3 peppermints	½ c. fruit juice
5 Lifesavers	1 Fruit Roll-up	1 Tbsp. or sm. box of raisins
1 tsp. sugar (sugar packet) under tongue or in cheek	6 oz. of sugared drink	
1 Sm. Tube cake icing or commercial gel	1 carton milk	

If fast acting sugar source is given within 30 minutes of meal or snack, follow with lunch.

If fast acting sugar source is given longer than 30 minutes before next meal or snack, follow with a carbohydrate and protein snack such as:

EXAMPLE: 1 cup of milk and 4 Peanut Butter/ Cracker Snacks or 4 Cheese/Cracker Snacks

2. If blood sugar remains below 70 mg/dl thirty minutes after treatment:
Re-treat with fast acting sugar source. When blood sugar is above 70 mg/dl and student is symptoms-free, return to class with buddy. If blood sugar remains below 70, re-treat and re-test blood sugar again in 30 minutes. Notify parent/guardian of episode.
3. If blood sugar is above 70 mg/dl:
No further treatment necessary unless requested by physician or parent/ guardian.
Return to class with buddy.
4. If child is conscious, but unresponsive, i.e., glassy eyed/starting, or not answering questions **or, inappropriate behavior** i.e., combative, crying, laughing. Administer sugar gel or cake icing to inside cheek or under the tongue. If unresponsive and unable to swallow or unconscious call 911; notify parent/guardian and the school nurse office

Physician Signature: _____

Date: _____

CENTRAL COMMUNITY SCHOOL DISTRICT

HYPERGLYCEMIA PROTOCOL

STUDENT NAME _____

HYPERGLYCEMIA: Excessive sugar in the blood.

ONSET: Gradual, may progress to diabetic coma.

BLOOD GLUCOSE PRECAUTIONS: Acceptable range: 90-240 mg/dl (American Diabetes Association states that a person with diabetes may spill ketones in their urine with a blood sugar of 240 mg/dl or higher)

SYMPTOMS OF HYPERGLYCEMIA: Breath smells strong like fingernail polish remover or fermented fruit

Thirst	Frequent Urination
Dry Skin	Hunger
Blurred Vision	Drowsiness
Nausea	Irritability

Other symptoms, as reported by the parent/guardian: _____

KETOACIDOSIS: Excessive acidity of body fluids, and the end product of fat metabolism

ACTIONS:

5. If blood sugar is over 240 mg/dl and the student displays signs and symptoms as listed above:
 - a. Check urine for the presence of ketones.
 - b. Notify parent/guardian and the school nurse. If parent/guardian is unavailable and the student is symptomatic, **CALL 911.**
 - c. If the physician orders sliding scale insulin for use at school, the child (if he/she has met criteria for insulin self-administration) may self-administer insulin dose for the blood glucose level and staff will notify parent/guardian.
 - d. Give 12-16 oz. of tap water (in 4 oz increments) if not nauseated or vomiting. This will prevent/treat dehydration and lower the blood glucose levels.
 - e. Retest blood glucose levels in **30 minutes to 1 hour.**
2. If the student's blood sugar is 400 or greater or there are ketones in the urine, notify the parent to pick up the student. Inform parent that they need to contact the child's physician ASAP. Notify the school nurse.

Other Orders: (additional child specific orders may be attached)

Special Considerations:

1. A blood glucose reading will be higher if taken 1 – 2 hours after a snack or meal. It is important to ask the child if, or when they last ate.
2. A small child may have difficulty drinking 12 – 16 oz. of water, 8-10 oz. will suffice.

Physician Signature: _____

Date: _____

CENTRAL COMMUNITY SCHOOL DISTRICT

TO BE COMPLETED BY PARENT/GUARDIAN

I, _____ understand the risk involved in treating diabetic emergencies; that it is sometimes very difficult to differentiate an insulin reaction, wherein a Glucagon injection is required, from early diabetic coma, wherein Glucagon should not be given.

I hereby grant permission for an unlicensed, but trained, school employee to give, as specified above, Glucagon injection to _____
(Student's Name)

In addition, I agree to bring all supplies needed to train school personnel, both initially and monthly.

(Parent/Guardian's signature)

(Date)

(Witness)