



Diabetes Action Plan

Child's Name _____ DOB _____ Age _____ Classroom _____

1- Parent/Guardian: _____ Phone (w): _____ (c): _____
 2- Parent/Guardian: _____ Phone (w) _____ (c): _____
 Physician: _____ Phone: _____
 Physician Signature: _____ Date: _____

Diabetes Information

<u>Hyperglycemia (High Blood Sugar)</u> <i>Not enough insulin in the body to allow sugar to be used</i>	<u>Hypoglycemia (Low Blood Sugar)</u> <i>Usually happens before lunch or after exercise</i>
Excessive thirst Flushed dry skin Frequent urination Tired Blurred vision Excessive hunger Fruity odor to breath Fatigue Weakness Vomiting	Weakness, fatigue Feeling faint Dizziness Shaky, trembling Nausea Rapid pulse Excessive hunger Abdominal pain Confusion Anxious, Irritability Sweaty, Pallor Slurred speech

First Aid for High Blood Sugar or Low Blood Sugar

<u>Hyperglycemia (High Blood Sugar)</u>	<u>Hypoglycemia (Low Blood Sugar)</u>
<ol style="list-style-type: none"> Check the blood sugar with a glucose meter if signs & symptoms occur. Stay with the child. Call parent if blood sugar is above 250. Check urine for ketones. If positive call parent immediately. Qualified person to administer insulin per physician's order. Can be given by parent. Call 911 immediately; if the child is in a coma or symptoms do not subside. Provide adult supervision for the other children. Stay with the child continuously. 	<ol style="list-style-type: none"> Check the blood sugar with a glucose meter if signs & symptoms occur. Stay with the child. Give the carbohydrate supplement ordered by the physician if blood sugar is greater than 70 but less than 80 and child is conscious, cooperative, and able to swallow. <ul style="list-style-type: none"> Give 15 grams of carbohydrates such as 4oz of fruit juice, 6 oz of regular soda, 3 glucose tablets, 1 box of raisins OR _____ followed by a meal or snack of _____ Check child's blood sugar level again after 15 minutes. <ul style="list-style-type: none"> If normal and symptoms are gone, child may resume normal activities. If blood sugar is still low, repeat supplement and call parent. If still no improvement within 15–20 minutes, call physician. Call 911, the parents, and the child's physician, if: <ul style="list-style-type: none"> the child's symptoms do not subside the child loses consciousness the child has a seizure Give Glucagon _____ mg for symptom of low blood sugar, and child is unconscious, experiencing a seizure, or unable to swallow. If child improves, you may give 4oz of juice until EMS arrives.

Diabetes Management

❖ Blood Glucose Monitoring	Normal Blood Sugar Range: _____ mg/dl to _____ mg/dl
	Usual times to check blood sugar at childcare: _____
	Other times to do extra checks: Before Active Play _____ After Active Play _____ Other _____
	Can the child check his/her own blood sugar? Yes _____ No _____ With Assistance _____

❖ **Insulin**

Types of insulin taken:

Usual times of insulin injections: _____ Basal Rate if on pump: _____

Amount of insulin to give (if a sliding scale is used, physician must order below):

Can child give his/her own injections? ____Yes ____No ____With Assistance

❖ **Insulin Administration**

1. Using the glucose meter, check the blood sugar. Be sure to follow the checklist for "Procedure for Recording and Reporting."
2. Document the observed blood sugar in the log book and NOTIFY PARENT/GUARDIAN!
3. Administer the insulin using the following calculations:

**Carbohydrate intake units are to be used only for the lunch hour blood sugar check. For all other checks, use only the sliding scale units to determine how much insulin to administer.*

Units of Insulin to Give
Based on
Sliding Scale of Blood Sugar Reading

Blood Sugar < 200 = _____ Units
 Blood Sugar 200-300 = _____ Units
 Blood Sugar 300-400 = _____ Units
 Blood Sugar > 400 = _____ Units

PLUS*

Carbohydrate Intake to Give
Based on
Units of Insulin Given

8-15mg Carb = _____ Units	8-55mg Carbs = _____ Units
16-23mg Carbs = _____ Units	56-63mg Carbs = _____ Units
24-31mg Carbs = _____ Units	64-71mg Carbs = _____ Units
32-39mg Carbs = _____ Units	72-79mg Carbs = _____ Units
40-47mg Carbs = _____ Units	

❖ **Qualified Staff**

Staff qualified to use glucose meter:

Staff qualified to give insulin injections:

❖ **Supplies Location**

Diabetes care supplies are kept:

Supplies of snack foods kept :

Nutrition and Exercise❖ **Meals & Snacks***Times of meals and snacks and indications for additional snacks for exercise:*

Breakfast time _____ am	Dinner time _____ pm
Midmorning snack _____ am	Bedtime snack _____ pm
Lunch time _____ am	Snack before exercise _____ am/pm
Mid-afternoon snack _____ am	Snack after exercise _____ am/pm

Other times to give snacks:

Preferred snack foods: _____

Suggested treats for in school parties: _____

Foods to avoid, if any: _____

❖ **Exercise and Sports or Activity Restrictions***A physician's order is required should exercise and sports be restricted.*Physical activity restrictions / limitations: _____

 _____Special activity accommodations that must be made? _____

Child should not participate in active play if blood sugar is below _____ mg/dl or above _____ mg/dl.