

QUICK REFERENCE EMERGENCY PLAN for <Student> – Type I Diabetes

<Student> is a XXXXX grade student who has **Type 1 Diabetes**.

He/She wears an insulin pump and a Dexcom continuous glucose monitor (CGM), both of which are attached to his/her body. The CGM has a separate unattached receiver which looks like an iPod which may be attached to a cell phone for remote monitoring. He/She also carries a glucose meter and supplies. **These items should never be taken away or tampered with by any staff or student as they are very important medical devices used for managing his/her diabetes.** He/She may also carry fast-acting carbohydrate sources such as candy, juice, glucose tabs, etc. and should be allowed to consume these in any location for low blood sugar. (See below)

*<Student> should be allowed to check his/her blood sugar with his/her meter wherever he/she is and is not required to report to the clinic to check. He/She may also check his/her blood sugar whenever he/she feels it is necessary, even if it is not a scheduled time.

*If <Student>'s CGM shows a low blood sugar and his/her meter is not easily accessible or he/she is overly symptomatic he/she may have fast-acting glucose without first checking with his/her meter. Low blood sugar should be reported to the health tech.

*If <Student>'s blood sugar is dropping rapidly he/she may experience symptoms of low blood sugar, even if blood sugar is in range or high. his/her CGM will show rapidly dropping levels with downward arrows: ↓ or ↓↓. If under 125, allow 15g snack.

***For academic testing** <Student>'s blood sugar should be between 80-250. Levels above and below this range may lead to impairment in thinking, concentration and judgment. his/her CGM may be consulted and a meter reading is not required. If he/she is out of range, he/she should treat as necessary and have the test administered at a later time or day when blood sugar is in the proper range, without penalty.

BG Level	What To Expect:	What To Do:
>300	See reverse for “Severe Hyperglycemia”	Send to clinic. Insulin should only be administered under the supervision of the health tech or other trained personnel.
250-300	See reverse for “Signs of Hyperglycemia (High Blood Sugar)”	Allow him/her to go to the clinic or contact parent for instruction, if needed.
180-250	He/She may exhibit symptoms of hyperglycemia, see reverse.	Allow free access to water and restroom, if needed.
100-180	Optimal Range.	No restrictions in this range.
70-100	Below target. He/She may not participate in PE if glucose is below 100.	If he/she complains of symptoms he/she may have 15g or less carb snack. If exercise is planned he/she MUST have 15g carb and recheck in 15 minutes.
45-70	See reverse for “Signs of Hypoglycemia (Low Blood Sugar)”	Please give 15g fast-acting carb such as juice, glucose tabs or candy immediately . Notify health tech to come to him/her. He/She should not be left unsupervised or sent anywhere alone with low blood sugar.
<45	See reverse for “Severe Hypoglycemia”. Failure to treat a low of this severity immediately may result in unconsciousness, seizure, coma or death.	If he/she is alert give 20-25g fast-acting carb snack, such as juice, glucose tabs or candy immediately and notify health tech. **If he/she cannot or will not eat or drink or is unconscious, <i>this is an **emergency**.</i> Do not leave him/her unattended. Notify health tech to administer glucagon and call 911 then call parent.

Parent contact information:

<Parent> (Mom) Cell: xxx-xxx-xxxx E-mail: xxxxxx@xxxxx.com

<Parent> (Dad) Cell:xxx-xxx-xxxx

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Signs of Hypoglycemia (Low Blood Sugar)	Signs of Hyperglycemia (High Blood Sugar)
<ul style="list-style-type: none"> • Irritable, grumpy, uncooperative, defiant • Shaky, dizzy, jittery, anxious • Headache • Unable to focus or pay attention • Hungry • Pale, pasty or clammy skin • Eyes: glassy, dilated, unfocused • Tired, lethargic, Less often: Hyperactive • Confused, disoriented, “out of sorts” • Acts intoxicated 	<ul style="list-style-type: none"> • Irritable, grumpy, uncooperative, defiant • Unable to focus or pay attention • Hungry • Headache • Very thirsty • Frequent urination • Hyperactive, Less often: Tired, lethargic • Blurry vision
Severe Hypoglycemia	Severe Hyperglycemia
<ul style="list-style-type: none"> • Loss of consciousness, fainting, “passing out” • Seizures • Risk of coma, if left untreated 	<ul style="list-style-type: none"> • Fruity, acetone, or “wine-like” smelling breath • Nausea, vomiting, stomach pains • Shortness of breath, fast breathing • Confused • Weakness or fatigue
<p>**Severe hypoglycemia should be treated as an emergency. Administer glucagon and call 911.</p>	<ul style="list-style-type: none"> • Risk of coma, if left untreated

**** Symptoms may change over time and episodes of high or low blood sugar may present with different symptoms each time. This list is comprised of the most commonly observed symptoms, and is not all-inclusive.**

**This guide is not intended to be an exhaustive list of <Student>'s Section 504 accommodations, rather an overview of common day-to-day scenarios. Please refer to his/her Section 504 Plan for all accommodations that should be followed.*

Parent contact information:

<Parent> (Mom) Cell: xxx-xxx-xxxx E-mail: xxxxxx@xxxxx.com

<Parent> (Dad) Cell:xxx-xxx-xxxx