Community Colleges of Spokane

Spokane County Head Start/EHS
EMERGENCY ACTION PLAN
DIABETES TYPE I

Date: _____

Child: _____ Birthdate: _____

Site/Rm/FSC: _____

Physician/Health Care Provider: _____ Phone: _____

Preferred Hospital: _____

- **If you are unsure, treat any reaction as a low blood sugar reaction.**
- **Never leave a child alone if experiencing any diabetic reaction.**
- **Never give anything by mouth if child is unable to swallow.**

BLOOD SUGAR AT WHICH PARENT SHOULD BE NOTIFIED - LOW: _____ **HIGH:** _____

I. <u>LOW BLOOD SUGAR</u> = HYPOGLYCEMIA:

Causes: Missed or late meals/ snacks, too little food, too much insulin, extra activity/exercise.

Onset: **May Be Sudden**

Symptoms:	Shaking	Hunger	Mental confusion	Dizziness
	Fast heartbeat	Impaired vision	Behavior changes	Irritable
	Sweating	Weakness, fatigue	Stomach ache	Becomes quiet
	Anxious	Headache	Other: _____	

<u>EMERGENCY ACTION NEEDED:</u>

1. Test blood sugar if possible
2. Give one of the following fast-acting sugar sources immediately:
   a. 4 oz. fruit juice or "regular" soft drink (not sugar free/not "diet")
   b. 2-3 glucose tablets Other: _____
3. ***Recheck blood sugar in 15 minutes*** and if still low – repeat the fast-acting sugar source indicated above.
4. Notify parent/guardian: Phone: _____
5. **Call 9-1-1 if symptoms are not relieved or if the person becomes unconscious, unable to swallow or has a seizure.**

II. **<u>HIGH BLOOD SUGAR</u> = HYPERGLYCEMIA**

Causes: too much food, too little insulin, illness, or stress

Onset: Gradual

Symptoms:	Extreme thirst	Hunger	Fruity breath	Frequent urination
	Blurred vision	Weakness	Nausea	Dry and/or flushed skin
	Drowsiness	Stomach ache	Other: _____	

<u>EMERGENCY ACTION NEEDED:</u>

1. Check child's blood sugar
2. Test for ketones, if possible. If ketones are present, limit child's physical activity.
3. Have the child drink plenty of calorie-free liquids (water, diet soda)
4. Notify parent/guardian: Name: _____ Phone: _____
5. **Call 9-1-1 if level of consciousness is decreasing**

Contact the nurse consultant if action is taken for high or low blood sugar or if you have questions/concerns.

Disaster kit provided by parent ☐ Yes ☐ No Disaster kit located: _____