INDIVIDUAL EMERGENCY ACTION PLAN TYPE 1 DIABETES: HYPOGLYCEMIA



Student:	DOB:	Date of Plan:	
☐ This student is a self-manager ☐ This student requires assistance with hypoglycemic events: THIS STUDENT'S TARGET RANGE IS:			
HYPOGLYCEMIA (Low blood sugar, If symptoms low blood glucose are Mood changes, irritability Confusion Headache Unusual paleness Shakiness		 Is low blood glucose symptoms: Nausea, vomiting, stomachache Numbness or tingling Moist/clammy skin 	
a.b.c.d.2. Permit student to self-trea	ted caregivers or designated entering the designated entering the designated entering delegated ended while awaiting delegated		
FOR SYMPTOMS OF SEVERE HYPOGO LOSS OF CONSCIOUNESS SEIZURE INABILITY TO SPEAK OR SWALL CALL IMMEDIATELY FOR a. DELEGATED CARE OF SMALL b. EMS (9-1-1) c. Nurse d. Parents DISCONNECT INSULIN PUNC ROLL STUDENT TO SIDE TO ASSESS AIRWAY ADMINISTER CPR AS NEEDING	OW GIVERS OR GLUCAGON/CPR TRA IP, IF APPLICABLE PREVENT ASPIRATION	AINED STAFF	
Refer to Procedure for Res Refer to Procedure for Glu	ponding to High or Low Blood Suga ponding to High or Low Blood Suga cagon Administration ere Hypoglycemia with No Glucaga	ar without Meter	

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Personal Safety Measures:
Student carries glucose on his/her person
Student has continuous glucose monitoring device
Student has emergency glucagon on site
Student has friends who are aware of his/her diagnosis and potential for low blood sugar
Student has other forms of support:
School Safety Measures:
Student's teachers' are aware of student's diagnosis and potential for low blood sugar
School has trained staff to recognize symptoms compatible with hypoglycemia and administer
emergency glucagon.
Schooldelegated caregivers for this student's mild-moderate hypoglycemic events.
Student's diabetic supplies are mobile in the event of an evacuation.
Student's diabetic supplies are located:
DISASTER PLANNING:
There should be a minimum of 72 hours of food, glucose and insulin on site in the event of an
unanticipated disaster.
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EMERGENCY CONTACTS
District RN:
District RN Contact
Medical Provider:
Medical Provider Contact
Parents:
Parents Contact:
EMS (9-1-1)

For your reference: Insulin pump



Pictures: informationaboutdiabetes.org

Continuous Glucose Monitor



Blood Glucose Monitor



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