

**WHEATON ACADEMY  
DIABETIC CARE PLAN  
INDEPENDENT CARE**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Blood Sugar Monitoring:** Student may test blood sugar whenever and wherever needed.

<b>Potential Problem</b>	<b>Actions to Take</b>
<p><b>LOW BLOOD SUGAR-</b> hypoglycemia</p> <p>Blood sugar below _____ mg/dl</p> <p><b>SYMPTOMS</b> (check for this student)</p> <p>___ Hunger</p> <p>___ Sweating</p> <p>___ Trembling</p> <p>___ Pale appearance</p> <p>___ Inability to concentrate</p> <p>___ Confusion</p> <p>___ Irritability</p> <p>___ Sleepiness</p> <p>___ Headache</p> <p>___ Dizziness</p> <p>___ Crying</p> <p>___ Slurred speech</p> <p>___ Poor coordination</p> <p>___ Personality change</p> <p>___ Complains of feeling "low"</p> <p>Additional symptoms for this student:</p> <p>_____</p> <p>_____</p>	<p><b>TREATMENT FOR LOW BLOOD SUGAR</b></p> <p><b>If student is conscious, cooperative, and able to swallow:</b> (*School staff be aware that student may need assistance with clear thinking and food supplementation when blood sugar is low)</p> <ul style="list-style-type: none"> <li>⌚ Do not leave student alone or allow him/her to leave the classroom alone. Remain with student until fully recovered.</li> <li>⌚ Give fast sugar immediately, such as cake icing, glucose tablets, fruit juice, regular soda, Cake icing kept in student's bag and nurse's office.</li> <li>⌚ Where are student's glucose tablets kept? _____.</li> <li>⌚ If symptoms do not improve in _____ minutes, give fast sugar again.</li> <li>⌚ <b>Call parent/guardian.</b></li> </ul> <p><b>If student is unconscious or unable to swallow: (may have seizure with extreme low)</b></p> <ul style="list-style-type: none"> <li>⌚ Administer Glucagon _____ mg subcutaneous or intramuscular injection.</li> <li>⌚ Call 911</li> <li>⌚ <b>Glucagon kept</b> _____.</li> <li>⌚ Turn student on side and keep airway clear. Do not insert object into student's mouth or between teeth.</li> <li>⌚ Student may vomit. Keep student on side to prevent choking on vomit. Keep airway clear.</li> <li>⌚ When student regains consciousness, give _____.</li> <li>⌚ Call parent/guardian and health care provider.</li> </ul>

<p><b>HIGH BLOOD SUGAR -hyperglycemia</b></p> <p>Blood sugar above _____ mg/dl</p> <p><b>SYMPTOMS</b> (check s/s for this student)</p> <p>___ Frequent urination</p> <p>___ Excessive thirst</p> <p>___ Nausea</p> <p>___ Vomiting</p> <p>___ Dehydration</p> <p>___ Sleepiness</p> <p>___ Confusion</p> <p>___ Blurred vision</p> <p>___ Inability to concentrate</p> <p>___ Irritability</p> <p>Additional symptoms for this student:</p> <p>_____</p>	<p><b>TREATMENT FOR HIGH BLOOD SUGAR</b></p> <ul style="list-style-type: none"> <li>⌚ Student to correct high blood sugar with insulin as needed.</li> <li>⌚ Student to test ketones and notify parent and/or school staff if blood sugar is over _____ mg/dl.</li> <li>⌚ Allow student to drink water or other sugar-free liquid.</li> <li>⌚ Allow student free and unlimited use of the bathroom.</li> </ul> <p><b>If symptoms worsen or the student begins vomiting call parent/guardian and/or health care provider immediately.</b></p>
--	--

**If the student is to care for diabetic condition independently:**

\* I give permission for my child to determine the correct time for administration, calculate amount of carbohydrates consumed, calculate the dose of insulin and administer his/her own insulin.

\* I will instruct my child to notify an adult (either teachers at school or parent) whenever his/her blood sugar is above or below safe levels.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse / 504 Facilitator Signature

\_\_\_\_\_  
Date

