# High Blood Glucose (Hyperglycemia) emergency Care Plan: For students who use INSULIN INJECTIONS

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| **Student Name:** Click or tap here to enter text. | **Date of Birth:Click or tap here to enter text.** |

## Contact information

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| **Address:**Click or tap here to enter text. | **State:**Click or tap here to enter text. | **Zip Code:**Click or tap here to enter text. |
| **Parent/Guardian:**Click or tap here to enter text. | **Phone:****Click or tap here to enter text.** | **Cell:**Click or tap here to enter text. |
| **Emergency Contact:**Click or tap here to enter text. | **Phone:**Click or tap here to enter text. | **Cell:**Click or tap here to enter text. |
| **Healthcare Provider:**Click or tap here to enter text. | **Office Phone:**Click or tap here to enter text. | **Fax:**Click or tap here to enter text. |

***An adult must accompany/stay with any student suspected of having high blood glucose!***

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| IF YOU SEE THIS…  | DO THIS\_    |
|  **Signs of High Blood Glucose:*** Excessive thirst
* Frequent urination
* Nausea, vomiting
* Hunger
* Other:Click or tap here to enter text.
 | **Immediate action**: 1. Accompany student to the health room.
2. Check blood glucose and ketones.
3. Encourage student to drink plenty of water or other sugar-free liquids (8 oz/hour if less than 5 years old or 8—16 oz/hour for students 6 years or older).
4. Assess for symptoms of nausea, vomiting, severe abdominal pain, heavy/labored breathing, change in mental status. Check ketones if these symptoms are noted.
5. **If moderate to large ketones with symptoms, call 911 and follow instructions on the IHP.**
6. No exercise if having nausea or abdominal pain.
7. Rest as needed.
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| IF YOU SEE THIS…  | DO THIS\_    |
| **High Blood Glucose:*** Unconscious
* Unresponsive
* Difficulty swallowing
* Seizure activity
 | 1. **Treat High Blood Glucose Levels**— **only give additional insulin if it has been > 3 hours since last insulin injection.**
2. **Blood Glucose >\_\_\_\_\_\_**
3. Administer the correction factor:
4. \_\_\_\_\_\_unit per \_\_\_\_\_\_mg/dl > \_\_\_\_\_\_ via injection. **Only if > 3 hours since last dose**.
5. Recheck BG every 2 hours unless provider orders state otherwise.
6. If BG >\_\_\_\_\_ two times in \_\_\_\_\_ minutes/hours, check ketones (urine or blood).
7. For BG > \_\_\_\_\_\_\_ and not responding to treatment, notify school nurse and contact parent/guardian to pick up student at school.
8. Student will not be transported on the bus with BG >\_\_\_\_\_\_\_ 30 minutes prior to departure.
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| IF YOU SEE THIS…  | DO THIS\_    |
| Urine Ketone Levels | If blood glucose is greater than 300 mg/dl two times, check urine ketones. If ill or vomiting, check ketones when BG >300. **Ketones = Trace:** No intervention needed. **Ketones = Trace—Small**: 1. Have student drink 16-24 oz. water over 2 hours.
2. Recheck blood glucose.
3. Recheck urine ketones.
4. If urine ketones **positive**, call parent/guardian.

**Ketones = Moderate—Large**: 1. Have student drink 16-24 oz. water.
2. Call parent immediately. Extra insulin may be needed. Parent can direct this, per IHP or Section 504 Plan.
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**Health Plan and medication must accompany student on any field trip or school activity.**

**\*\*Keep plan readily available for substitutes! \*\***
**Attention Bus Drivers: To activate emergency procedures-pull over, call dispatch to call 911**