TRIMBLE CO. SCHOOLS
LIFE-THREATENING
EMERGENCY ACTION PLAN

School Year: _____

INDIVIDUAL HEALTH CARE PLAN – GLUCAGON

Dear Parent/Guardian:

You have informed us that your child has a medical condition that may require an emergency medication to be administered. Enclosed are the forms, which need to be completed by both the Parent/Guardian and student's Physician. These forms are necessary in order for the School Nurse or appropriately trained school personnel to perform or administer specific medical treatment or procedures.

This information will be distributed to appropriate school personnel on a need-to-know basis and may include bus drivers, substitute teachers, cafeteria staff, and others who work with your child daily.

Please let us know of any changes in your child's medical condition as they may arise or emergency daytime phone numbers.

The following need to be returned to the School Nurse at your child's school:

- **Emergency Action Plan Student Info. Summary**
- **Physician and Parent Authorization for Glucagon Medication Administration –** needs to be completed by the student's Physician and returned to School Health: Confidential FAX (502) 255-5105 or by mail: Trimble Co. Board of Education, School Health Division, PO Box 275, Bedford, KY 40006

We are looking forward to a great school year with your child!

Please call the District Health Coordinator, Gina Liter at (502) 663-0073 if you have any questions or concerns.

TRIMBLE CO. SCHOOLS
LIFE-THREATENING
EMERGENCY ACTION PLAN

School Year: _____

Student's Name: _____ **DOB:____ / ____ / ____**

School: _____ Teacher: _____ Grade: _____

Bus Rider: ☐ Yes ☐ No Bus #: AM _____ PM _____

Parent/Guardian(s) Name(s): _____

Address/Zip Code: _____

Doctor: _____ Phone #: _____ Hospital of Choice: _____

Parent/Guardian 1: – Home: _____ Work: _____ Cell: _____

Parent/Guardian 2: – Home: _____ Work: _____ Cell: _____

Please answer the following questions:

1. What was the student's age at diagnosis of diabetes? _____

2. What was the Blood Sugar Level at diagnosis? _____

3. Will this student need routine snacks at school? YES NO (Snacks will need to be provided by the family)

4. Should this student's blood sugar be tested at school: YES NO

5. When should the student's blood sugar be monitored? A.M. _____ P.M. _____ as needed _____

6. Does this student know how to test his/her own blood sugar? YES NO

7. What blood sugar level is considered low for this student? Below _____

8. How often does this student experience low blood sugar? Daily___ Weekly___ Monthly___ Other___

9. Is there usually a certain time during the day? YES NO If yes, when?_____

10. What are the student's usual signs of low blood sugar?_____
_____

11. Does he/she recognize these signs or symptoms? YES NO

12. In the past year, how often has this student been treated for low blood sugar in a health care provider's office?_____ In the emergency room?_____ In the hospital overnight?_____

REVIEWED BY: _____ *RN* *DATE:* _____

PHYSICIAN AND PARENT/GUARDIAN
AUTHORIZATION FOR GLUCAGON MEDICATION ADMINISTRATION

PHYSICIAN ORDER FOR EMERGENCY ACTION PLAN

(*Please complete the following information or* ☐ *See Attached Plan from Physician)*

STUDENT'S DIABETIC HISTORY: _____

STUDENT'S LOW BLOOD SUGAR SYMPTOMS: _____

STUDENT'S MAINTENANCE REGIMEN: _____

_____

ACTION TO BE TAKEN:

1. If unconscious or blood sugar < than _____ Next Step _____

   _____
   Medication/Dose/Route
2. Student is authorized to carry medication: Yes No
3. Call Rescue Squad (911) if Glucagon is used.

X _____ _____
(Physician's Signature) Date Signed

_____ _____
(Physician's Name - Printed) Telephone Number

PLEASE NOTE: The School Nurse is NOT always in the school building and trains non-medical staff to administer medication. See above and below.

PARENT/GUARDIAN STATEMENT

I, the undersigned Parent/Guardian of _____ ***request that a *trained staff member administer*** *the above medication to the student per Physician instructions. I agree to furnish the necessary prescribed medication and agree to notify the School Nurse immediately of any changes. I understand the Trimble County Board of Education Medication Policies & Procedures (09.2241) are readily available for me to read. I sign this voluntarily and with full knowledge of its significance. I agree to pick up any unused medication within two weeks of the last day of school, or it shall be destroyed.* **** Parent/Student are responsible to have medication available at school.***

I hereby agree to release and hold the school staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from such treatment. I have read this consent and understand all its terms. I sign it voluntarily and with full knowledge of its significance.

X _____ _____
(Parent/Guardian's Signature) Date Signed

REVIEWED BY: _____ *RN* *DATE:* _____

Hypoglycemia (Low Blood Sugar)

Hypoglycemia is a condition characterized by abnormally low blood glucose (blood sugar) levels, usually less than 70 mg/dl.

Hypoglycemia may also be referred to as an insulin reaction, or insulin shock.

Hypoglycemic symptoms are important clues that a student may have low blood glucose. Each student's reaction to hypoglycemia is different.

The only sure way to know if a student is experiencing hypoglycemia is to check their blood glucose, if possible. If unable to check the blood glucose for any reason, treat the hypoglycemia. Severe hypoglycemia has the potential to cause accidents, injuries, coma, and death.

Signs and Symptoms of Hypoglycemia (happen quickly)

- Shakiness
- Nervousness or anxiety
- Sweating, chills and clamminess
- Irritability or impatience
- Confusion, including delirium
- Rapid/fast heartbeat
- Lightheadedness or dizziness
- Hunger and nausea
- Sleepiness
- Blurred/impaired vision
- Tingling or numbness in the lips or tongue
- Headaches
- Weakness or fatigue
- Anger, stubbornness, or sadness
- Lack of coordination
- Nightmares or crying out during sleep
- Seizures
- Unconsciousness

Raising Blood Sugar Levels

To increase low blood sugar levels, help the student to eat 15 grams of quickly digesting carbohydrate, such as:

- a half cup of juice or regular soda
- 1 tablespoon of honey
- 4 or 5 saltine crackers
- 3 or 4 pieces of hard candy or glucose tablets
- 1 tablespoon of sugar

Treatment for Severe Symptoms of Hypoglycemia

Prepare to treat the person for severe symptoms of hypoglycemia if any of the following occur:

- the person is unable or unwilling to take a treatment
- the person does not feel better after the second treatment
- the symptoms worsen to the point of being unable to swallow
- loss of consciousness or seizures occur