



### DIABETES ACTION PLAN

Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_ ID# \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ PE \_\_\_\_\_

<b>LOW blood sugar (hypoglycemia)</b> <b>LOW SYMPTOMS may include:</b> <input type="checkbox"/> Personality changes, irritability <input type="checkbox"/> Dizziness, cold sweat/clammy skin <input type="checkbox"/> Shaking <input type="checkbox"/> Headache, pale face <input type="checkbox"/> Fatigue, drowsiness <input type="checkbox"/> Slurred speech <input type="checkbox"/> Shallow, fast breathing, fast heartbeat <input type="checkbox"/> Hunger <input type="checkbox"/> Other _____	<b>HIGH blood sugar (hyperglycemia)</b> <b>HIGH SYMPTOMS may include:</b> <input type="checkbox"/> Extreme thirst <input type="checkbox"/> Frequent urination <input type="checkbox"/> Tiredness <input type="checkbox"/> Stomach ache <input type="checkbox"/> Trouble seeing/vision changes <input type="checkbox"/> Other _____
<b>LOW TRIGGERS may include:</b> <input type="checkbox"/> increased physical activity or stress <input type="checkbox"/> Illness <input type="checkbox"/> Skipped meal <input type="checkbox"/> Other _____	<b>HIGH TRIGGERS may include:</b> <input type="checkbox"/> Extra snack <input type="checkbox"/> Other _____
<b>At the FIRST SIGNS of <u>LOW</u> blood sugar symptoms (do NOT wait for a "break" in class) DO:</b> 1. Have student drink fruit juice, chew glucose tabs, or eat something sweet. 2. Have the student ESCORTED to the nurse's office if the symptoms occur at school. 3. Have student eat more substantial snack like cheese or peanut butter crackers or meat sandwich within 15 minutes. 4. Other _____	<b>At the FIRST SIGNS of <u>HIGH</u> blood sugar symptoms (do NOT wait for a "break" in class), DO:</b> <input type="checkbox"/> Have the student ESCORTED to the nurse's office if the symptoms occur at school. <input type="checkbox"/> Other _____
<b>If symptoms of a more severe reaction occur, CALL 911 and notify parent.</b>	
<input type="checkbox"/> Unconsciousness, inability to arouse <input type="checkbox"/> Convulsions	<input type="checkbox"/> Deep labored breathing <input type="checkbox"/> Nausea, vomiting <input type="checkbox"/> Flushed dry skin <input type="checkbox"/> "Fruity" breath odor

**To REDUCE incidents:**

1. Follow food guidelines for the individual student when at school.
2. Be alert to EARLY signs of behavior changes for the particular student (most students will have the same symptoms every time they have a reaction, but the symptoms can vary).
3. Other \_\_\_\_\_

**EMERGENCY PHONE NUMBERS:**

Parent/Guardian name: \_\_\_\_\_ Day #(s) \_\_\_\_\_  
 Other: \_\_\_\_\_ Day #(s) \_\_\_\_\_

Permission is given for the nurse to contact the following health care provider in the event emergency contacts cannot be reached or for urgent health care information:

Physician's name: \_\_\_\_\_ Office # \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse \_\_\_\_\_ Date \_\_\_\_\_