

Diabetes Action Plan AIS-R

Name student: _____ Grade: _____
 has been diagnosed with diabetes.

Student is carrying an insulin pump with him/her at all times: Yes No

Name of insulin: _____

Please state daily insulin plan:

Name of insulin	Time to be given	Time Glucose check

For middle and high school students:
 Student is able to manage his/her own glucose levels daily but might need occasionally additional support. Yes No

Emergency Action Plan:

If **low** blood sugar level, less than: _____ provide sugar source.
 Wait 10-15 minutes
 If blood sugar within target range _____ and feels OK may return to class.
 If blood sugar still low, wait and give more sugar source if needed.

If student is severe low (unable to swallow, combative, unconscious, seizures) a glucagon injection (1mg/ml,) will be given i.m. and student will be transported to the nearest hospital.

If **high** blood glucose level, > _____ or Hi, give _____
 Wait 30 minutes
 If blood sugar within target range _____ and feels OK may return to class.

If student is severe high (confused, dizzy, unconscious) student will be transported to the nearest hospital.

The parents/guardians should provide insulin and glucagon injections to be kept in the nurse's office. The responsibility of providing medication is that of the parents/guardians of the student concerned.

 Signature Parent/Guardian

 Date

 Mobile Father:

 Mobile Mother: