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:

<table>
<thead>
<tr>
<th>Name of insulin</th>
<th>Time to be given</th>
<th>Time Glucose check</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:______________________________