



PROCEDURE 4250-4 (Form)
Diabetes Support Plan and Medical Alert Information

Instructions: This form is a communication tool for use by parents to share information with the school. Students who are receiving Nursing Support Services (NSS) Delegated Care do not need to complete page 3. This form does NOT need to be completed by Diabetes Clinic staff, Nursing Support Service Coordinators or Public Health Nurses.

Name of Student:		Date of Birth;	
School:	Grade:	Teacher/Div:	
Care Card Number:		Date of Plan:	
CONTACT INFORMATION			
Parent/Guardian 1:	Name:		<input type="checkbox"/> Call First
Phone Numbers:	Cell	Work	Home
			Other
Parent/Guardian 2:	Name:		<input type="checkbox"/> Call First
Phone Numbers:	Cell:	Work:	Home:
			Other:
Other/Emergency:	Name:		Relationship:
	Able to advise on diabetes care: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone Numbers:	Cell:	Work:	Home:
			Other:
Have emergency supplies been provided in the event of a natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, location of emergency supply of insulin: _____			
STUDENTS RECEIVING NSS DELEGATED CARE			
NSS Coordinator: _____ Phone: _____			
School staff providing delegated care:			

Parent Signature: _____ Name: _____

Date: _____

MEDICAL ALERT - TREATING MILD TO MODERATE LOW BLOOD GLUCOSE
NOTE: PROMPT ATTENTION CAN PREVENT SEVERE LOW BLOOD GLUCOSE

SYMPTOMS	TREATMENT FOR STUDENTS NEEDING ASSISTANCE (<u>anyone</u> can give sugar to a student):		
<input type="checkbox"/> Shaky, sweaty <input type="checkbox"/> Hungry <input type="checkbox"/> Pale <input type="checkbox"/> Dizzy <input type="checkbox"/> Irritable <input type="checkbox"/> Tired/sleepy <input type="checkbox"/> Blurry vision <input type="checkbox"/> Confused <input type="checkbox"/> Poor coordination <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Headache <input type="checkbox"/> Difficulty concentrating Other:	<p>Location of fast acting sugar: _____</p> <p>1. If student able to swallow, give one of the following fast acting sugars:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>10 grams</p> <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 1/2 cup of juice or regular soft drink <input type="checkbox"/> 2 teaspoons of honey <input type="checkbox"/> 10 skittles <input type="checkbox"/> 10 mL (2 teaspoons) or 2 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 10 grams are labelled on package):</td> <td style="vertical-align: top; padding-left: 20px;"> <p>OR 15 grams</p> <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 3/4 cup of juice or regular soft drink <input type="checkbox"/> 1 tablespoon of honey <input type="checkbox"/> 15 skittles <input type="checkbox"/> 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 15 grams are labelled on package):</td> </tr> </table> <p>2. Contact designated emergency school staff person</p> <p>3. Blood glucose should be retested in 15 minutes. Retreat as above if symptoms do not improve or if blood glucose remains below 4 mmol/L</p> <p>4. Do not leave student unattended until blood glucose 4 mmol/L or above</p> <p>5. Give an extra snack such as cheese and crackers if next planned meal/snack is not for 45 minutes.</p>	<p>10 grams</p> <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 1/2 cup of juice or regular soft drink <input type="checkbox"/> 2 teaspoons of honey <input type="checkbox"/> 10 skittles <input type="checkbox"/> 10 mL (2 teaspoons) or 2 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 10 grams are labelled on package):	<p>OR 15 grams</p> <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> 3/4 cup of juice or regular soft drink <input type="checkbox"/> 1 tablespoon of honey <input type="checkbox"/> 15 skittles <input type="checkbox"/> 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 15 grams are labelled on package):
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MEDICAL ALERT – GIVING GLUCAGON FOR SEVERE LOW BLOOD GLUCOSE

SYMPTOMS		PLAN OF ACTION
<ul style="list-style-type: none"> • Unconsciousness • Having a seizure (or jerky movements) • So uncooperative that you cannot give juice or sugar by mouth 		<ul style="list-style-type: none"> • Place on left side and maintain airway • Call 911, then notify parents • Manage a seizure: protect head, clear area of hard or sharp objects, guide arms and legs but do not forcibly restrain, do not put anything in mouth • Administer glucagon
Medication	Dose & Route	Directions
Glucagon (GlucaGen or Lilly Glucagon) Frequency: Emergency treatment for severe low blood glucose	0.5 mg = 0.5 ml. (for students 5 years of age and under) OR 1.0 mg = 1.0 ml. (for students 6 years of age and over) Give by injection: Intramuscular	<ul style="list-style-type: none"> • Remove cap • Inject liquid from syringe into dry powder bottle • Roll bottle gently to dissolve powder • Draw fluid dose back into the syringe • Inject into outer mid-thigh (may go through clothing) • Once student is alert, give juice or fast acting sugar

