



Section 13: Forms

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SECTION OVERVIEW

- Diabetes Medical Management Plan
 - Section 504 Plan for a Student with Diabetes
 - Emergency Action Plan
 - Documentation of Instruction from Registered Nurse to Trained School Personnel
 - Diabetes Management Log
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DIABETES MEDICAL MANAGEMENT PLAN

The student's healthcare provider and parents/guardians should complete this form. Please fill out entire form. Review with relevant school personnel who have an educational and safety interest in students with diabetes. Keep copies to share with the school nurse, trained school personnel, and other authorized personnel.

Current Date _____

Student Information

Student Name: _____ Date of Birth: _____
School Grade No.: _____ Homeroom Teacher: _____
School Name: _____ School District: _____

Type of Diabetes: _____ Date Diagnosed: _____ Last A1C
date/result: _____ A1C Goal: _____

Parent/Guardian Contact Information

Mother/Guardian: _____
Email: _____
Address: _____
Telephone: Home () _____ Work () _____ Cell () _____
Father/Guardian: _____
Email: _____
Address: _____
Telephone: Home () _____ Work () _____ Cell () _____

Health Care Provider and Emergency Contact Information

Student's Primary Health Care Provider: _____ Telephone: () _____
Nurse: _____ Telephone: () _____
Endocrine Specialist: _____ Telephone: () _____
Certified Diabetes Educator: _____ Telephone: () _____
Additional Emergency Contact: _____ Relationship: _____
Address: _____
Telephone: Home () _____ Work () _____ Cell () _____
Preferred Hospital: _____

Notify parents/guardians or additional emergency contact in the following situation(s):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

LOW BLOOD GLUCOSE/HYPOGLYCEMIA

Symptoms of low blood glucose (check most common for student):

MILD to...

MODERATE to...

SEVERE

- Hungry
- Shaky/weak/clammy
- Blurred vision/glassy eyes
- Dizzy/headache
- Sweaty/flushed/hot
- Tired/drowsy
- Fast heartbeat
- Pale skin color
- Other: _____
- Usually has no symptoms

- Mood/behavior change
- Inattentive/spacey
- Slurred/garbled speech
- Anxious/irritable
- Numbness or tingling around lips
- Poor coordination
- Unable to concentrate
- Personality change
- Other: _____
- Usually has no symptoms

- Confused/unable to follow commands
- Unable to swallow
- Unable to awaken (unconscious)
- Seizure
- Convulsion

Treatment of low blood glucose (Check all that apply):

- Give _____ grams carbohydrate of one of the following (check all that apply):
 - _____ oz milk
 - _____ oz fruit juice
 - _____ grams of glucose gel
 - _____ glucose tablets
 - Other: _____
 - Other: _____
 - Recheck blood glucose in 15 minutes **OR** Other: _____
 - If blood glucose is less than _____ mg/dL, give another _____ grams of carbohydrate
 - If it is more than 1 hour before next meal/snack give (circle one) extra snack or _____ grams of carbohydrate.
- Students using a continuous glucose monitor must always use a finger stick glucose reading to confirm low blood glucose.*

GLUCAGON (check all that apply):

Not applicable

Administer Glucagon if student is: confused/unable to follow commands, unable to swallow, unable to awaken (unconscious), or having a seizure or convulsion

Glucagon Dose (check): 0.5 mg or 1.0 mg

Injection site (check): arm thigh other _____

If student uses an insulin pump and exhibits symptoms of severe low blood glucose, in addition to giving Glucagon:

- Disconnect tubing from student
- Other: _____
- Other: _____

HIGH BLOOD GLUCOSE/HYPERGLYCEMIA

Symptoms of high blood glucose (check most common for student):

MILD to...

MODERATE to...

SEVERE

- Frequent urination/bedwetting
- Extreme thirst/dry mouth
- Sweet, fruity breath
- Tiredness/fatigue
- Increased hunger
- Blurred vision
- Flushed skin
- Lack of concentration
- Other: _____

- Mild symptoms, and
- Nausea/vomiting
- Stomach pain/cramps
- Dry/itchy skin
- Unusual weight loss
- Other: _____

- Mild and moderate symptoms, and
- Labored breathing
- Weakness
- Confusion
- Unconsciousness

Treatment of high blood glucose (check all that apply):

- Provide correction/supplemental dose of insulin (see *Insulin and Insulin Pump sections*)
- If blood glucose is: _____ mg/dL **and/or** if student is sick ⇒ **check ketones** in (check): urine blood
- Blood glucose ≥ _____ mg/dL **without ketones** recheck blood glucose level in (check): 2 hour
- Blood glucose ≥ _____ mg/dL **with ketones** (check below):

If ketones are:

Trace/Small

Moderate/Large

- Allow free bathroom access
- Encourage water and/or other sugar-free fluids
- Recheck blood glucose levels in 2 hours
- Recheck ketones in 2 hours
- Other: _____
- Other: _____

- Allow free bathroom access
- Encourage water and/or other sugar-free fluids
- Call parents/guardians
- Arrange for student to be taken home and/or to see his/her healthcare provider
- Other: _____

Students using a continuous glucose monitor must always use a finger stick glucose reading to confirm high blood glucose.

BLOOD GLUCOSE MONITORING

Not applicable

Name of glucose monitor: _____

Student will test at school. Yes No

Student can perform own blood glucose check. Yes No Exceptions: _____

Target blood glucose range: _____ to _____ mg/dL

Routine glucose monitoring at school (check all that apply):

Before breakfast Before morning snack Before lunch Before afternoon snack End of school day

Additional glucose monitoring at school (check all that apply):

Before physical activity/physical education Symptoms of low blood glucose Other _____
 During physical activity/physical education Symptoms of high blood glucose Other _____
 After physical activity/physical education Student becomes sick or is sick Other _____

CONTINUOUS GLUCOSE MONITORS (CGM)

Not applicable

Treatment decisions and diabetes care plan adjustments should always be made based upon a meter blood glucose reading.

Name of CGM: _____

CGM alert for low blood glucose is set at _____ mg/dL CGM alert for high blood glucose is set at _____ mg/dL

Check blood glucose by finger stick in these situations (all apply):

- Any high or low glucose alert
- Any symptoms of low or high blood glucose
- CGM readings are questionable
- Before insulin or medication is used to lower glucose
- Any time the CGM system is not working
- Other: _____

Additional comments:

SICK DAY

If a Student comes to school sick or becomes sick at school (do all the following):

- Encourage water
- Offer sugar-free fluids
- Check blood glucose (if > _____ see High Blood Glucose section)
- Check Ketones
- Call parents/guardians
- Arrange for student to be excused from school
- Other: _____

DIABETES SUPPLIES TO BE KEPT AT SCHOOL

- Blood glucose monitor, blood glucose test strips, batteries for monitor
- Fast-acting source of glucose
- Lancet device, lancets, gloves
- Carbohydrate containing snack
- Urine/blood ketone testing supplies
- Glucagon emergency kit
- Insulin vials and syringes
- Other: _____
- Insulin pump supplies
- Other: _____
- Insulin pen, pen needles, insulin cartridges
- Other: _____

DIABETES ORAL MEDICATION

Not applicable

Name of medication, dose and schedule (list):

1. _____
2. _____
3. _____

MEALS/SNACKS AT SCHOOL

Student independently calculates the amount of carbohydrate in meals/snacks: Yes No

Student may eat carbohydrates as desired: Yes No (If no, indicate amounts below)

Common Carbohydrate Amounts and Timing of Meals/Snack:

Breakfast: _____ grams or servings at _____ Morning snack: _____ grams or servings at _____

Lunch: _____ grams or servings at _____ Afternoon snack: _____ grams or servings at _____

Dinner: _____ grams or servings at _____ Night snack: _____ grams or servings at _____

Additional snack(s) required: Before physical activity After physical activity Other: _____

Preferred snack foods (*list*): _____

Food allergies: _____

Foods to avoid (*if any*): _____

List food options for school parties and special school events:

Option 1: _____

Option 2: _____

Note: For Students using Insulin refer to prior Insulin section of this form.

PHYSICAL ACTIVITY/SPORTS

Have fast-acting carbohydrates available at times of physical activity and sports.

Student **should not** exercise/engage in physical activity if ketones are (*circle all that apply*): trace / small / moderate / large

Student **should not** exercise/engage in physical activity: If blood glucose is greater than _____ mg/dL

If blood glucose is less than _____ mg/dL

ALL SCHOOL-SPONSORED ACTIVITIES

(e.g., field trips, extracurricular activities, etc.)

Notify family of activities in order to preplan by: 1 week 2 weeks Other: _____

The following diabetes supplies should be available to the student during school-sponsored activities:

A copy of the student's Diabetes Medical Management Plan (DMMP), Section 504 Plan, Emergency Action Plan, and Healthcare Plan Injection/insulin pump supplies and insulin with appropriate storage to prevent spoilage of insulin (if using insulin)

Blood glucose monitor and test strips Bag lunch or snack (optional)

CGM sensor information Glucagon kit (if using insulin)

Fast-acting carbohydrate source (e.g., milk, fruit juice, glucose gel, glucose tablets) Other: _____

I have reviewed and approved the Diabetes Medical Management Plan (DMMP). This DMMP shall remain in effect through the end of the current school year unless discontinued or changed in writing. I understand the DMMP or appropriate parts of the DMMP will be shared with relevant school personnel.

SIGNATURE – Health Care Provider _____ **Date** _____

SIGNATURE – Health Care Provider _____ **Date** _____

SIGNATURE – Parent/Guardian _____ **Date** _____

SIGNATURE – Parent/Guardian _____ **Date** _____

Update this plan (*check all that apply*):

Any time there are treatment changes 3 months 6 months Start of School year Other _____

Section 504 Plan for a Student with Diabetes

Note: This sample Section 504 Plan lists a broad range of services and accommodations that a student with diabetes might need in school. Individualize the Plan to meet the needs, abilities, and medical condition of each student. Some students will need additional services and accommodations that are not included in this sample plan.

Student's Name: _____

Student's Date of Birth: ____/____/____ School Year: _____

Student's Grade: ____ Homeroom Teacher: _____ Bus: _____

Date: _____

Disability

Type 1 diabetes Type 2 diabetes Other _____

OBJECTIVES/GOALS OF THE PLAN

Diabetes can cause blood glucose (sugar) levels that are too high or too low, both of which affect the student's ability to learn, as well as seriously endanger the student's health, both immediately and in the long term. The goal of this Plan is to provide special education and/or related aids and services needed to maintain blood glucose within the student's target range, and to respond appropriately to levels outside this range in accordance with information provided by the personal health care team in the Diabetes Medical Management Plan (DMMP).

REFERENCES

School accommodations, diabetes care, and other services set out in this Plan are consistent with information and protocols contained in the Students with Diabetes: A Resource Guide for Wisconsin Schools and Families, the National Diabetes Education Program, the American Diabetes Association, and the Juvenile Diabetes Research Foundation.

DEFINITIONS USED IN THIS PLAN

1. Diabetes Medical Management Plan (DMMP): A plan that describes the diabetes care regimen and identifies the health care needs of a student with diabetes. This plan is developed and approved by the student's personal health care team and family.
2. Emergency Action Plan: A plan that provides school personnel with essential information on how to recognize and treat low blood glucose (hypoglycemia) and high blood glucose (hyperglycemia).
3. Trained school personnel: Non-medical school personnel identified by the school nurse, school administrator, and parents/guardians as willing to be trained in basic diabetes knowledge and who have received training coordinated by the school nurse in diabetes care, including the performance of blood glucose monitoring, insulin and Glucagon administration, recognition and treatment of low blood sugar (hypoglycemia) and high blood sugar (hyperglycemia), performance of ketone checks, and who will perform these diabetes care tasks in the absence of a school nurse.

1. PROVISION OF DIABETES CARE

- 1.1 At least ____ staff member(s) will receive training as trained school personnel, and either a school nurse or trained school personnel will be available at the site where the student is at all times during school hours and during school-sponsored activities to provide diabetes care in accordance with this Plan and as directed in the DMMP, including performing or overseeing administration of insulin or other diabetes medications (which, for pump users, includes programming and troubleshooting the student's insulin pump), blood glucose monitoring, ketone checks, responding to hypoglycemia and hyperglycemia, and administration of Glucagon.
- 1.2 Any staff member who is not an trained school personnel and is responsible for the student at any time during school hours and during school-sponsored activities shall receive training that will include a general overview of diabetes and typical health care needs of a student with diabetes, recognition of hypoglycemia and hyperglycemia, and how and when to contact immediately either a school nurse or trained school personnel.

- 1.3 Any bus driver who transports the student must be informed of symptoms of hypoglycemia and hyperglycemia and be provided with a copy of the student's Emergency Action Plan.

2. TRAINED SCHOOL PERSONNEL

The following school staff members will be trained by _____/_____/_____ (date)

3. STUDENT'S LEVEL OF SELF-CARE AND LOCATION OF SUPPLIES AND EQUIPMENT

- 3.1 As stated in the attached DMMP:

a. The student is able to perform the following diabetes care tasks without help or supervision:

and the student shall be permitted to provide this self-care at any time and in any location at the school, during school-sponsored activities, and on school buses.

b. The student needs assistance or supervision with the following diabetes care tasks:

c. The student needs a school nurse or trained school personnel to perform the following diabetes care tasks:

- 3.2 The student is permitted to carry the following diabetes supplies and equipment with him/her at all times and in all locations:

- 3.3 Diabetes supplies/equipment not kept on the student, as well as additional supplies, are located at:

- 3.4 Parents/guardians are responsible for providing diabetes supplies and food to meet the needs of the student as prescribed in the DMMP.

4. SNACKS AND MEALS

- 4.1 The school nurse (or trained school personnel if the school nurse is not available) will work with the student and parents/guardians to coordinate a meal and snack schedule in accordance with the DMMP that will coincide with the schedule of classmates to the closest extent possible. The student shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to the student.

- 4.2 The DMMP indicates the scheduled time(s) for snacks, what constitutes a snack, and when the student should have additional snacks. The student shall be permitted to eat a snack no matter where the student is.

- 4.3 The parents/guardians will supply snacks in addition to, or instead of, any snacks supplied to all students.

- 4.4 The parents/guardians will provide carbohydrate content information for snacks and meals brought from home.

- 4.5 The school shall supply carbohydrate content information for meals to be served at school one week in advance or other: _____.

- 4.6 The school nurse or trained school personnel will ensure that the student takes snacks and meals at the specified time(s) each day.
- 4.7 Adjustments to snack and meal times shall be permitted in response to changes in schedule upon request of the parent/guardian.

5. PHYSICAL ACTIVITY

- 5.1 The student shall be permitted to participate fully in physical education classes and teams sports except as indicated in the student's DMMP.
- 5.2 Physical education instructors and coaches must have a copy of the Emergency Action Plan and be able to recognize and assist with the treatment of hypoglycemia.
- 5.3 Responsible school personnel will make sure that the student's blood glucose meter, a quick-acting source of glucose, and water are always available at the site of physical education class and sports practices and games.

6. WATER AND BATHROOM ACCESS

- 6.1 The student shall be permitted to have immediate access to water by keeping a water bottle in his/her possession and at his/her desk. Permission should be granted to the student to use the drinking fountain without restriction.
- 6.2 The student shall be permitted to use the bathroom without restriction.

7. CHECKING BLOOD GLUCOSE LEVELS, INSULIN AND MEDICATION ADMINISTRATION, AND TREATING HYPOGLYCEMIA OR HYPERGLYCEMIA

- 7.1 The student's level of self-care is set out in Section 3 of this Plan, including which tasks the student can do by himself/herself and which must be done with the assistance of, or wholly by, either a school nurse or trained school personnel.
- 7.2 Blood glucose monitoring will be done at the times designated in the student's DMMP, whenever the student feels his/her blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed. A CGM alert for high or low blood glucose must always be verified with a finger stick reading and treatment should be based on this reading.
- 7.3 Insulin and/or other diabetes medication(s) shall be administered at the times and through the means (e.g. syringe, pen, or pump) designated in the student's DMMP for both scheduled doses and doses needed to correct for high blood glucose levels.
- 7.4 The student shall be provided with privacy for blood glucose monitoring and insulin administration if the student desires.
- 7.5 The student's usual symptoms of high and low blood glucose levels and how to respond to these levels are indicated in the DMMP.
- 7.6 When the student asks for assistance or if school personnel believes the student is showing signs of hypoglycemia or hyperglycemia, that school personnel will immediately seek assistance from the school nurse or trained school personnel while making sure an adult stays with the student at all times. A student with an actual – or suspected – low or high blood glucose level should never be sent anywhere alone.
- 7.7 Any school personnel who finds a student unconscious will immediately contact the school office. The office will immediately do the following in the order listed:
 - a. Contact the school nurse (or trained school personnel, if the school nurse is not on site and immediately available) who will confirm the blood glucose level with a blood glucose monitor if possible and immediately administer Glucagon (administer Glucagon if no monitor is available).
 - b. Call 9-1-1 per district policies and procedures (office personnel will do this without waiting for the school nurse or trained school personnel to administer Glucagon); and
 - c. Contact the student's parent/guardian and health care provider at the emergency numbers provided below in Section 12.
- 7.8 School personnel, including physical education instructors and coaches, shall provide a safe location for the storage of the student's insulin pump if the student chooses not to wear it during physical activity or any other activity.

8. SCHOOL-SPONSORED ACTIVITIES AND FIELD TRIPS

- 8.1 The student shall be permitted to participate in all school-sponsored activities and field trips without restriction and with all accommodations and modifications (including supervision by identified school personnel) set out in this Plan. The student's parents/guardians shall not be required to accompany the student on field trips or any other school activity.
- 8.2 The school nurse or trained school personnel shall be available at all school-sponsored activities and field trips, will provide all usual aspects of diabetes care (including, but not limited to: blood glucose monitoring, responding to hypoglycemia and hyperglycemia, providing snacks and access to water and the bathroom, and administering insulin and Glucagon), and will make sure that the student's diabetes supplies travel with the student.

9. TESTS AND CLASSROOM WORK

- 9.1 If the student is affected by high or low blood glucose levels at the time of regular testing, the student shall be permitted to take the test at another time without penalty.
- 9.2 If the student needs to take breaks to use the water fountain or bathroom, check blood glucose, or to treat hypoglycemia or hyperglycemia during a test or other activity, the student shall be given extra time to finish the test or other activity without penalty.
- 9.3 The student shall be given instruction to help him/her make up any classroom instruction missed due to diabetes care without penalty.
- 9.4 The student shall not be penalized for absences required for medical appointments and/or for illness. The parent will provide documentation from the treating health care professional if otherwise required by school policy.

10. COMMUNICATION

- 10.1 The school nurse, trained school personnel, and other staff shall keep the student's diabetes confidential, except to the extent that the student decides to communicate about it openly with others.
- 10.2 Encouragement is essential. Treat the student in a way that encourages him/her to eat snacks on time, and to progress toward self-care with his/her diabetes management skills.
- 10.3 The teacher, school nurse, or trained school personnel shall provide reasonable advance notice to parents/guardians when there is an expected change in planned activities such as physical activity, playground time, field trips, parties, or lunch schedule, so that the lunch, snack plan, and insulin dosage can be adjusted accordingly.
- 10.4 Each substitute teacher and substitute school nurse shall be provided with written instructions regarding the student's diabetes care and a list of all school nurses and trained school personnel at the school.

11. EMERGENCY EVACUATION AND SHELTER-IN-PLACE

- 11.1 In the event of emergency evacuation or shelter-in-place situation, this Plan and the student's DMMP shall remain in full force and effect.
- 11.2 The school nurse or trained school personnel shall provide diabetes care to the student as outlined by this Plan and the student's DMMP, will be responsible for transporting the student's diabetes supplies and equipment, will attempt to establish contact with the student's parents/guardians and provide updates, and will receive information from parents/guardians regarding the student's diabetes care.

12. PARENTAL NOTIFICATION

12.1 NOTIFY PARENTS/GUARDIANS IMMEDIATELY IN THE FOLLOWING SITUATION(S):

- Symptoms of severe low blood glucose, including: confused/unable to follow commands, unable to swallow, unable to awaken (unconscious), seizure, or confusion.
- The student's blood glucose test result is below _____ mg/dL or is below _____ mg/dL 15 minutes after consuming milk, fruit juice, glucose gel, glucose tablets, or other _____
- Symptoms of severe high blood glucose, including: labored breathing, weakness, confusion, or unconsciousness
- The student's blood glucose test result is above _____ mg/dL
- Ketone results show moderate to large ketones (in this case, arrangements should be made for the student to be taken home)
- The student refuses to eat or take insulin bolus or injection
- Any injury
- Insulin pump malfunction cannot be remedied
- CGM malfunctions and cannot be remedied
- Other: _____

- Other: _____

- Other: _____

- Other: _____

- Additional Comments: _____

12.2 EMERGENCY CONTACT INSTRUCTIONS

Call parents/guardians at numbers listed below. If unable to reach parents/guardians, call the other emergency contacts or the student’s health care provider(s) listed below.

EMERGENCY CONTACTS – PARENTS/GUARDIANS:

Parent/Guardian Name	()	Home phone #	()	Work phone #	()	Cell phone #
Parent/Guardian Name	()	Home phone #	()	Work phone #	()	Cell phone #
Parent/Guardian Name	()	Home phone #	()	Work phone #	()	Cell phone #

OTHER EMERGENCY CONTACTS:

Name	()	Home phone #	()	Work phone #	()	Cell phone #
Relationship to Student _____						

STUDENT’S HEALTH CARE PROVIDER(S):

Name	Clinic Name	()	Phone #
Name	Clinic Name	()	Phone #

This Plan shall be reviewed and amended at the beginning of each school year or more often if necessary.

APPROVED AND RECEIVED:

School Administrator or 504 Coordinator	Date
Registered Nurse	Date
Parent/Guardian Name	Date
Other School Personnel	Date

EMERGENCY ACTION PLAN

Student Name: _____ Grade No.: _____ Date Requested: _____
 Mother/Guardian: _____ Home phone #: _____ Work phone #/Cell: _____
 Father/Guardian: _____ Home phone #: _____ Work phone #/Cell: _____
 Health care provider: _____ Office phone #: _____
 List preferred hospital: _____



I have **type 1** / **type 2 diabetes**, which means I take
 insulin / oral medication along with balancing diet and
 physical activity. I check my blood glucose several times a
 day. Please follow the steps below to help keep me safe.

LOW BLOOD GLUCOSE REACTIONS

My blood glucose may go too low (hypoglycemia). This is very dangerous. If you think my blood glucose is low, let me check my blood glucose in the classroom. If I go elsewhere to check my blood glucose, **someone must accompany me**. Never leave me or send me somewhere alone to check my blood glucose. My symptoms of low blood glucose include (*check*):

- | | | |
|---|---|---|
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Inattentive/spacey | <input type="checkbox"/> Unable to awaken (unconscious) |
| <input type="checkbox"/> Shaky/weak/clammy | <input type="checkbox"/> Slurred/garbled speech | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Blurred vision/glassy eyes | <input type="checkbox"/> Anxious/irritable | <input type="checkbox"/> Convulsion |
| <input type="checkbox"/> Dizzy/headache | <input type="checkbox"/> Numbness or tingling around lips | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sweaty/flushed/hot | <input type="checkbox"/> Poor coordination | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tired/drowsy | <input type="checkbox"/> Unable to concentrate | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fast heartbeat | <input type="checkbox"/> Personality change | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pale skin color | <input type="checkbox"/> Confused/unable to follow commands | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mood/behavior change | <input type="checkbox"/> Unable to swallow | <input type="checkbox"/> Usually has no symptoms |

If my blood glucose is less than: 70 mg/dL **or** _____ mg/dL **I NEED TO EAT FAST-ACTING GLUCOSE QUICKLY**

- 1) Give _____ grams carbohydrate of one of the following (*check*):
 _____ oz milk _____ oz fruit juice _____ grams of glucose gel _____ glucose tablets other _____
- 2) Recheck blood glucose in 15 minutes
- 3) If blood glucose is less than _____ mg/dL, give another _____ grams carbohydrate
- 4) Repeat above steps as needed
- 5) Troubleshoot the cause(s) of the low blood glucose if possible

If my blood glucose drops too low, I may be confused/unable to follow commands, unable to swallow, unconscious, or having a seizure.

- 1) **Do not** give me anything by mouth
- 2) **Give me Glucagon** Dose (*check*): **0.5 mg** or **1.0 mg**
- 3) Position me on my side, as there is a risk of vomiting
- 4) Stay with me; do not leave me alone
- 5) Contact school nurse/trained school personnel
- 6) Call **9-1-1** per school district policies and procedures
- 7) Contact my parents/guardians and/or health care provider
- 8) Check my blood glucose and troubleshoot cause(s) of low blood glucose if possible

Glucagon is not life threatening even if it is given when not needed.

Prepared by School Nurse: _____ Date prepared: _____

Note: It is important to be familiar with your local EMS system

**DOCUMENTATION OF INSTRUCTION FROM
 REGISTERED NURSE TO TRAINED SCHOOL PERSONNEL**

Student Name: _____ Date of Birth: _____

School: _____ School Year: _____

Trained School Personnel Name: _____

Has been instructed in the following procedure(s):

Dates	TSP Initials	RN Initials	Procedure	Comments

The designated trained school personnel has satisfactorily demonstrated the ability to carry out the procedure(s) safely. Both the trained school personnel and the registered nurse have agreed that the task can be safely monitored with periodic supervision. Therefore, the above named person agrees and states that: "I have received training in the procedure(s) initialed above and am capable, willing, and physically able to perform the procedure(s) as per written guidelines."

Signature of Trained School Personnel: _____ Date: _____

Follow-Up Training and Supervision:

Dates	TSP Initials	RN Initials	Comments

Date	Signature of RN	Date	Signature of RN

