_____'s Diabetes Action Plan Date: _____

Child's Name Child's Date of Birth:

Child Care Facility: _____ Teacher: _____Classroom: _____

1 Parent/Guardian: _____ Phone (w): _____ (c): _____

2 Parent/Guardian: _____ Phone (w): _____ (c): _____

Physician: _____ Phone:_____

Physician Signature: _____ Date: _____

## Diabetes Information

### Hyperglycemia (High Blood Sugar)

*Not enough insulin in the body to allow sugar to be used*

- Excessive thirst
- Flushed dry skin
- Frequent urination
- Tired
- Blurred vision
- Excessive hunger
- Fruity odor to breath
- Fatigue
- Weakness
- Vomiting

### Hypoglycemia (Low Blood Sugar)

*Usually happens before lunch or after exercise*

- Weakness, fatigue
- Feeling faint
- Dizziness
- Shaky, trembling
- Nausea
- Rapid pulse
- Excessive hunger
- Abdominal pain
- Confusion
- Anxious, Irritability
- Sweaty, Pallor
- Slurred speech

## First Aid for High Blood Sugar or Low Blood Sugar

### Hyperglycemia (High Blood Sugar)

1 Check the blood sugar with a glucose meter if signs & symptoms occur.
2 Stay with the child.
3 Call parent if blood sugar is above 250
4 Check urine for ketones. If positive call parent immediately.
5 Qualified person to administer insulin per physician's order. Can be given by parent.
6 Call 911 immediately, if the child is in a coma or symptoms do not subside.
7 Provide adult supervision for the other children.
8 Stay with the child continuously.

### Hypoglycemia (Low Blood Sugar)

1 Check the blood sugar with a glucose meter if signs & symptoms occur.
2 Stay with the child.
3 Give the carbohydrate supplement ordered by the physician if blood sugar is greater than 70 but less than 80 and child is conscious, cooperative, and able to swallow.
- Give 15 grams of carbohydrates such as 4oz of fruit juice, 6oz of regular soda, 3 glucose tablets, I box of raisins OR_____ followed by a meal or snack of_____ (peanut better crackers)

4 Check child's blood sugar level again after 15 minutes.
- If normal and symptoms are gone, child may resume normal activities
- If blood sugar is still low, repeat supplement and call parent.
- If still no improvement within 15–20 minutes, call physician.

5 Call 911, the parents, and the child's physician, if
- the child's symptoms do not subside
- the child loses consciousness
- the child has a seizure

6 Give Glucagon ____ mg IM or sq for symptom of low blood sugar and child is unconscious, experiencing a seizure, or unable to swallow:
7 If child improves, you may give 4oz of juice until EMS arrives.

## Diabetes Management

❖ **Blood Glucose Monitoring**

Normal Blood Sugar Range: _____mg/dl to _____mg/dl

Usual times to check blood sugar at childcare: _____ _____ _____

Other times to do *extra* checks: Before Active Play___ After Active Play___ Other _____

Can the child check his/her own blood sugar? _____ Yes _____ No _____ With Assistance

| | |
|---|---|
| ❖ **Insulin** | Types of insulin taken:<br>Usual times of insulin injections: Basil Rate if on pump: _____<br>Amount of insulin to give (if a sliding scale is used, physician must order below):<br>Can child give his/her own injections? ____Yes _____No _____ With Assistance |
| ❖ **Insulin Administration**<br><br>**Carbohydrate intake units are to be used only for the lunch hour blood sugar check. For all other checks, use only the sliding scale units to determine how much insulin to administer.* | 1Using the glucose meter, check the blood sugar. Be sure to follow the checklist for *"Procedure for Recording and Reporting."*<br>2 Document the observed blood sugar in the log book and NOTIFY PARENT/GUARDIAN!<br>3 Administer the insulin using the following calculations:<br><br>Units of Insulin to Give Based on Sliding Scale of Blood Sugar Reading<br>Blood Sugar < 200 = ___ Units<br>Blood Sugar 200-300 = ___Units<br>Blood Sugar 300-400 = ___Units<br>Blood Sugar > 400 = ___ Units<br><br>PLUS*<br><br>Carbohydrate Intake to Give Based On Units of Insulin Given<br>8-15mg Carb = ___Units 8-55mg Carbs= ___Units<br>16-23mg Carbs = ___Units 56-63mg Carbs= ___Units<br>24-31mg Carbs = ___ Units 64-71mg Carbs= ___nits<br>32-39mg Carb = ___Units 72-79mg Carbs= ___Units<br>40-47mg Carbs = ___Units |
| ❖ **Qualified Staff** | Staff qualified to use glucose meter:<br>Staff qualified to give insulin injections: |
| ❖ **Supplies Location** | Diabetes care supplies are kept:<br>Supplies of snack foods kept : |

## Nutrition and Exercise

| | |
|---|---|
| ❖ **Meals & Snacks** | *Times of meals and snacks and indications for additional snacks for exercise:*<br><br>Breakfast time _____am Dinnertime _____pm<br>Midmorning snack _____am Bedtime snack _____pm<br>Lunch time _____am Snack before exercise _____am/pm<br>Mid-afternoon snack _____am Snack after exercise _____am/pm<br>Other times to give snacks: _____<br>Preferred snack foods: _____<br>Suggested treats for in-school parties: _____<br>Foods to avoid, if any: _____ |
| ❖ **Exercise and Sports or Activity Restrictions** | *Physician's order required*<br>Physical activity restrictions / limitations: _____<br>_____<br>_____<br>_____<br>Special activity accommodations that must be made? _____<br>_____<br>_____<br>Child should not participate in active play if blood sugar is below _____mg/dl or above _____mg/dl. |