

STUDENT'S NAME:

**Student's usual LOW blood glucose symptoms:**

- \_ Shaky or jittery
- \_ Sweaty
- \_ Hungry
- \_ Pale
- \_ Headache
- \_ Blurry vision
- \_ Sleepy
- \_ Dizzy
- \_ Uncoordinated
- \_ Irritable, nervous
- \_ Argumentative
- \_ Combative
- \_ Changed personality
- \_ Changed behavior
- \_ Unable to concentrate
- \_ Weak, lethargic

**ALGORITHMS FOR BLOOD GLUCOSE RESULTS**

**CHECK BLOOD GLUCOSE**

**Student's usual HIGH blood glucose symptoms:**

- Hyperglycemia**
  - \_ Increased thirst, dry mouth
  - \_ Frequent or increased urination
  - \_ Change in appetite, nausea
  - \_ Blurry vision
  - \_ Fatigue
  - \_ Other
- Emergency levels**
  - \_ Extreme thirst
  - \_ Nausea, vomiting
  - \_ Severe abdominal pain
  - \_ Fruity breath
  - \_ Heavy breathing, shortness of breath
  - \_ Increasing sleepiness, lethargy

**BELOW 70**

**70 - 90**

**91-125**

**126-300**

**ABOVE 300**

1. Give 15 gm fast-acting carbohydrate.
2. Notify school nurse (if available).
3. Observe for 15 minutes.
4. Recheck blood glucose.
  - a. If less than 70, repeat 15 gm carbohydrate.
5. Notify parent if no improvement.
6. If recovered, and if meal/snack is not within an hour, give a carbohydrate snack.
7. Student should not exercise until blood glucose is >70.

1. If student's blood glucose result is **immediately following or prior to** exercise, give 15 gm carbohydrate snack
2. If meal or snack is within 60 minutes, no additional carbs are needed.

OR
3. If student is not going to eat within 1-2 hours, give small carbohydrate snack.

Student may eat a snack before exercising or before recess.

No action needed.

STUDENT TREATED BY INJECTION

1. Use correction scale or formula at lunch or every 3 hours.
2. Notify school nurse (if avail.)
3. Check ketones if symptoms or if blood glucose >300 twice in a row:
  - a. If ketones are absent or small, encourage exercise and water
  - b. If ketones moderate or large:
    - No exercise; give water
    - Call parent
    - Give units of insulin per orders
4. **Provide free, unrestricted access to water and the restroom.**

STUDENT TREATED BY PUMP

1. If 2-3 hours since last bolus, treat with correction bolus via pump.
  - Check for redness at site, tubing for kinks or air bubble, insulin supply
2. Re-check in 2- 3 hrs. Notify school nurse, if available.
3. If blood glucose still  $\geq 300$  mg/dl and not explained, check ketones:
  - a. If ketones are absent or small, encourage exercise and water
  - b. If ketones moderate or large:
    - Give insulin correction dose per orders via syringe.
    - Call parent
    - No exercise; encourage water
4. Change infusion set or continue insulin injections every 2-3 hours via syringe.
5. **Provide free, unrestricted access to water and the restroom.**

**CALL 911 if student becomes unconscious, has seizures or is unable to swallow.**

- o Turn student on side to ensure open airway
- o Give glucagon as ordered. Keep student in recovery position on side.
- o If on insulin pump, either place it in 'suspend' mode, or disconnect it at the pigtail or clip. If pump is removed, send it with EMS to the hospital.
- o Notify school RN & parent/guardian.
- o Wait 15 minutes; if no response, repeat glucagon.
- o If responsive, offer juice. Wait 15 minutes and give carbohydrate snack.

15 GM FAST-ACTING CARBOHYDRATE:

- 1/2 c. juice
- 3-4 glucose tablets
- Tube of glucose gel
- 1/2 c. regular (not diet) soda
- 6-7 small sugar candies (to chew)
- 1 c. skim or low-fat milk

EXERCISE AND SPORTS:

- ✓ Ensure that student has quick access to water for hydration, fast-acting carbohydrates, snacks, and monitoring equipment.
- ✓ Student should not exercise if blood glucose level is below 70 mg/dl or if they have moderate to large ketones.

**\*\*\*Never send a child with suspected low blood glucose anywhere alone.\*\*\***