



## Diabetic Low Blood Sugar Individual Health Plan

Student Name	DOB
School	Grade
School Year	Advisor

### MEDICATION INFORMATION

**Current Insulin-Medication Regime:** See Physician order

Insulin Pen Yes  No       Insulin Pump Yes  No

Diabetes History	
Special Precautions	

### EMERGENCY INTERVENTIONS

*Students know when their blood sugar is low and will ask to come the health room. ALWAYS SEND THEM WITH AN ADULT ESCORT*

Symptoms to Watch For		What to Do
Mild Symptoms	Moderate Symptoms	<input type="checkbox"/> Student Treats Self <input type="checkbox"/> Staff Treats Student
<input type="checkbox"/> Hunger <input type="checkbox"/> Weakness <input type="checkbox"/> Pale Appearance <input type="checkbox"/> Sweating, Shakiness <input type="checkbox"/> Inability to Concentrate <input type="checkbox"/> Personality Change <input type="checkbox"/> Anxiety	<input type="checkbox"/> Headache <input type="checkbox"/> Slurred Speech <input type="checkbox"/> Poor Coordination <input type="checkbox"/> Behavior Change <input type="checkbox"/> Confusion <input type="checkbox"/> Blurry Vision <input type="checkbox"/> Weakness	Blood sugar less than _____ Treat with one of the following: <input type="checkbox"/> 2-4 Glucose Tablets <input type="checkbox"/> 4-8 oz. Juice <input type="checkbox"/> 4-8 oz. Soda <input type="checkbox"/> Glucose Gel Product <input type="checkbox"/> 3-8 Lifesavers Wait fifteen minutes, repeat food if symptoms persist or Blood Sugar less than _____ Follow with a snack of carbohydrate and protein, e.g. crackers and cheese.
<input type="checkbox"/> Other		
Severe Symptoms to Watch For		What to Do
<input type="checkbox"/> Labored Breathing <input type="checkbox"/> Very Weak <input type="checkbox"/> Confused <input type="checkbox"/> Unconsciousness		Don't attempt to give anything by mouth.  Call 911  Call School Nurse and Contact Parents  Licensed Nurse, Parent/Family or Parent Designated Adult can administer glucagon per physician orders.

Student Name	Grade
Parent/Guardian	Home Phone
Work Phone	Cell Phone
Parent/Guardian	Home Phone
Work Phone	Cell Phone

Information that applies to all diabetic students:

According to legislation passed by the Washington State legislature and subsequent policy developed by Oak Harbor Public Schools, the following requirements apply to all diabetic students in the school setting and at all district sponsored events.

**PERMIT STUDENTS WITH DIABETES TO:**

- Perform blood glucose checks
- Administer insulin
- Treat low blood sugar and high blood sugar with easy access to supplies, equipment and medication
- Carry necessary supplies, equipment and medication with them
- Perform monitoring and treatment functions wherever they are on school grounds or at school sponsored events
- Have unrestricted access to necessary food and water on schedule and as needed.
- Have unrestricted access to restroom facilities
- Have appropriate food available when food is served at school/events
- Have school meals not withheld for any reason

SIGNATURES		
Parent/Guardian	<input type="checkbox"/> Signature on File	Date
School Nurse	<input type="checkbox"/> Signature on File	Date
A copy of this plan will be kept in the school office and copies will be given to all appropriate staff.		
CONFIDENTIAL INFORMATION/ SHRED PRIOR TO DISCARD	page 2	v.02.16.16