



Waterford School District – Plan of Care (POC) - Diabetic Care Management

Bus Route # _____

Student Name: _____ School: _____ Grade: _____

Low blood sugar can result from receiving too much insulin, skipping a meal or snack, or an unusual amount of exercise. This must be corrected immediately.

The student should be **escorted** to the main office **immediately** to do a blood glucose test when the items checked may be exhibited by the student or may include the following mild reactions:

- Shaky Legs Shaking Sweating Blurred Vision Hunger Dizziness
- Pale Complexion Tiredness Irritability Inattentiveness Headache Crying
- Nausea Strange Behavior Other

If the Blood Sugar is:

Below _____ or between _____ and _____ with symptoms: Give four (4) ounces of juice or glucose tablets Repeat blood sugar in fifteen (15) minutes. If over 80, send to lunch or give 15-gram carb snack with protein. If below 80, repeat four (4) ounces of juice or four (4) glucose tabs. Repeat blood sugar in fifteen (15) minutes. If over 80, send to lunch or give 15-gram carb snack with protein. If blood sugar remains below 80 after repeated procedure, repeat again and contact parents.
Between _____ and _____, the student may need a 15-gram carb snack with protein. Return to class or send to lunch. If going to gym or recess, give four (4) ounce juice or four (4) glucose tabs. The student may also need 15-gram carb snack with protein.
Between _____ and _____, return the student to class or send to lunch. The student should not need a snack.
Over _____, check for ketones and encourage fluids. If ketones are present, contact parents. Student cannot exercise if ketones are present.
A mild reaction can quickly become a moderate reaction with symptoms of combative behavior, disorientation, lethargy. If any of these symptoms are exhibited, have the main office bring the test kit to the student IMMEDIATLEY . Treat as above. Contact parents.
The signs of a severe reaction are unconsciousness or seizure. This is a LIFE THREATENING SITUATION . If any of these symptoms are exhibited: <ul style="list-style-type: none"> • Call 911 immediately After 911 is called, administer one tube of glucose gel between the student’s cheek and gum Make available Glucagon kit for staff to administer

Call Parents: Home Phone: _____

Mother: _____ Cell Phone: _____ Work Phone: _____

Father: _____ Cell Phone: _____ Work Phone: _____

PARENT SIGNATURE

DATE

PHYSICIAN SIGNATURE

DATE

Physician Name _____

Physician Address _____

Physician Phone _____