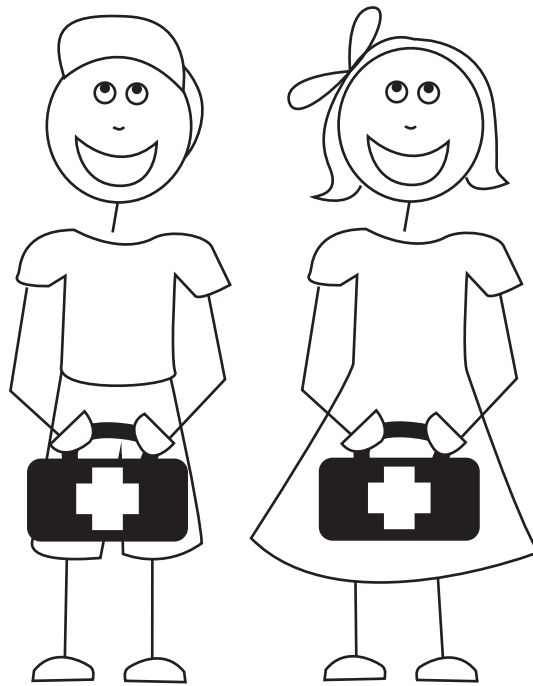


Diabetes Emergency Kit



for: _____

Last updated on __/__/__

Diabetes General Information

TREATMENT

If the child is awake and can swallow, provide sugar immediately. Give 1/2 cup of fruit juice, non-diet soda, or two to four glucose tablets. The child should be feeling better within 10 minutes. The child should then eat some additional food, such as half a peanut butter, meat, or cheese sandwich. The child can then resume normal activities. If the child does not respond immediately or does not improve in 10 to 15 minutes, treat the reaction again. Make sure the reaction has been taken care of before the child is left alone or allowed to go home.

If the child has lost consciousness or is having a seizure, administer glucagon and call your doctor. If you do not know how to give glucagon or do not have it available, call 911. Do not give anything by mouth if the child is unconscious or having a seizure.

HIGH BLOOD SUGAR (HYPERGLYCEMIA)

Blood sugar levels can increase rapidly in children. It is suggested by the following symptoms of hyperglycemia:

- Increased thirst
- Weakness or fatigue
- Blurred vision
- Frequent urination
- Loss of appetite

Hyperglycemia can be caused by too much food, too little physical activity, not enough insulin, or illness or infection. High blood sugars can be confirmed by testing with a glucose meter.

If hyperglycemia occurs, the parent or guardian should be notified.

KETOACIDOSIS

Ketoacidosis is a diabetic emergency. In most, but not all cases, very high blood sugar levels are also present with ketoacidosis. Signs of ketoacidosis may include:

- Dehydration
- Labored breathing
- Vomiting
- Abdominal pain
- Fruity-smelling breath
- Weakness or fatigue

Diabetic ketoacidosis requires prompt attention; untreated, a child with ketoacidosis can lapse into a coma. If there are signs of ketoacidosis, the child should be taken to the emergency room.

** The information provided here is not intended to take the place of medical advice. For guidance on topics discussed, consult your health care professional. Source: JDRF.ORG

Daily Routine of A Child with Type 1 Diabetes

Consistency is the key—regular meals, regular exercise, regular insulin. In addition, the child will need to test his or her blood sugar level at various times of the day to determine food or insulin needs.

DIET

Children with type 1 diabetes can eat the same healthy foods as other children. The lunchroom manager should be aware of the child's diet restrictions, but usually the child is taught to select the right foods.

FREQUENT SNACKS

A child with type 1 diabetes may require snacks at mid-morning, mid-afternoon, and bedtime. These and regular meals must occur on time so insulin usage is properly balanced and low blood sugar does not occur.

EXERCISE

Children with type 1 diabetes can participate in all kinds of active sports. However, since exercise burns up a lot of sugar, the child should have an extra snack of juice or crackers before planned strenuous exercise to avoid low blood sugar. Exercise should not be scheduled just before a meal.

SELF-MONITORING OF BLOOD GLUCOSE

Several times a day, before meals and before bedtime, a child with type 1 diabetes may need to test his or her blood sugar. Usually this process involves pricking the finger, putting a drop of blood on a chemically sensitive strip, and taking a blood sugar reading on a meter. Older children usually are able to do this themselves; younger children may need help. The parents will give you instructions.

Treat the child normally. The child with type 1 diabetes will be able to function as a normal participant in group activities. While the fact that he or she has diabetes should not be hidden, the child does not want to be singled out for special treatment. A quiet understanding should exist between you and the child about the necessary precautions to be taken.

Allow the child to follow his or her routine inconspicuously. When the child needs extra snacks, to test blood sugar, or to take insulin, help by allowing the necessary time and not calling attention to these special actions.

Be alert to the changes that signal low blood sugar.

If behavior problems arise as a result of an insulin reaction, you should not blame the child. Quick action on your part can prevent a medical emergency.

GENERAL TIPS

Watch the child's behavior before meals and snacks. Make sure meals are eaten on schedule. Don't assign physical exercise just before a meal when the child may be in need of food. Arrange an inconspicuous means of taking the mid-morning and/or afternoon snacks. Keep a source of sugar readily available, and encourage the child to carry some form of sugar. Make sure all necessary personnel are informed. Most children need a snack at night before bed.

** The information provided here is not intended to take the place of medical advice. For guidance on topics discussed, consult your health care professional. Source: JDRF.ORG

Important Phone Numbers

STUDENT

Name: _____
Address: _____ City: _____ ST: _____ Zip: _____
School: _____ Grade: _____

PARENTS

Name _____: Name _____:
• home _____ • home _____
• cell _____ • cell _____
• work _____ • work _____

DOCTOR

Doctor Name: _____
Practice: _____ Phone: _____

EMERGENCY

Emergency Contact: _____
Phone: _____ Relationship to student _____

INSURANCE

Insurance Company: _____
Policy Number: _____ Phone: _____

General Diabetes Information

Type of Glucose Meter: _____
Serial Number: _____

GLUCOSE
METER

Can child perform own test? Yes No Adult supervision needed? Yes No
Testing kit located where? _____

BLOOD
SUGAR
TESTING

Can child inject insulin? Yes No Adult supervision needed? Yes No
Insulin located where? _____

INSULIN
INFO

MEALS
AND
SNACKS

ADD'L
INFO

Name: _____

Diabetes Supplies for Home and School

It is the responsibility of the parent/caretaker of the child with diabetes to:

- supply the school with all diabetes supplies
- check all expiration dates on food and prescriptions
- check monthly to see if additional supplies are needed

Glucose Meter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Snacks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Control Solution for Meter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Glucose Tablets, Glucose Gel	<input type="checkbox"/> Yes <input type="checkbox"/> No
Batteries for Meter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Orders (from Doctor)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Test Strips for Meter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Care Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lancing Device and Lancets	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan (504 Plan)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insulin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insulin Delivery Supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ketone Strips	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Glucagon Emergency Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drinks	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

DIABETES SUPPLIES

Testing Results and Instructions

	Result (Blood Sugar Reading)	Symptoms	Course of Action (What to do)
Target Blood Sugar			
Hypoglycemia (Low Blood Sugar)			Instructions:
Hyperglycemia (High Blood Sugar)			Instructions:

TESTING RESULTS AND INSTRUCTIONS

Glucagon Emergency Kit Permission Form

STUDENT

Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

School: _____ Grade: _____

To Whom it May Concern:

Glucagon is a hormone made in the pancreas, like insulin. It has the opposite effect of insulin - it RAISES the blood sugar level. IT IS RARELY NEEDED, but it must be available.

If a VERY LOW BLOOD SUGAR occurs and our child loses consciousness and cannot swallow, the Glucagon Emergency Kit must be used. *If necessary, call 911 for back-up.

The school nurse has been trained in the administration of Glucagon.

In addition to the school nurse, the following staff members have been instructed in Glucagon delivery and have our permission to administer it:

GLUCAGON ADMINISTRATORS

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Parent/Guardian Signature

Phone Number

Date

Physician Signature

Phone Number

Date

Glucagon Emergency Kit for Severe Hypoglycemia

- A Glucagon Emergency Kit consists of a syringe filled with liquid, which must be mixed with a powder. The kit comes with all necessary ingredients.
- It is only used in the case of a Severe Hypoglycemic Emergency. Signs may include: disorientation, unconsciousness, seizures and an inability to swallow.
- Anyone can be trained to administer this emergency shot. Detailed instructions are inside each kit.
- Glucagon does NOT contain glucose or sugar. It is a natural hormone that sends a message to the liver or muscles to release stored sugar into the bloodstream.
- If sugar storage is very low, one shot of Glucagon may not work-another shot may be needed.
- Contact emergency medical services 9 - 1 - 1 and request a paramedic.

1. Remove the flip-off seal from the bottle of glucagon.

2. Remove the needle protector from the syringe, and inject the entire contents of the syringe into the bottle of glucagon.

3. Remove the syringe and shake bottle gently until liquid is clear.

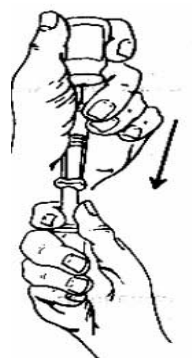
4. Using the same syringe, draw the glucagon into the syringe to the 1.0 mg mark. Give this amount unless directed otherwise.

5. Insert the needle into your child's thigh and inject the entire contents of the syringe. Withdraw the needle from the skin. Turn your child onto his or her side, in case of nausea and vomiting.

6. Call 911.

7. When the child awakens and can swallow, encourage the child to take small sips of a carb-containing fluid (fruit juice or regular pop). If tolerated, follow with 15 grams of a carb and fat containing food (such as cheese and crackers).

8. Notify your diabetes health care provider that your child had a severe low blood glucose before the next insulin dose.



Diabetes General Information

DIABETES FACTS

This information is for people who may from time to time be responsible for a child with type 1 diabetes. It is designed to provide basic information about type 1 (insulin-dependent or juvenile) diabetes so that you can feel comfortable with the child.

Whether you are a teacher, a camp counselor, a baby sitter, or a relative, you should realize that:

- Children with type 1 diabetes have the same needs for guidance, support, and understanding as other children.
- Type 1 diabetes is not contagious.

DEFINITION

Type 1 diabetes is a chronic disease. In the child with type 1 diabetes (juvenile diabetes), the pancreas does not produce insulin, a hormone necessary to sustain life. Without insulin the sugar in the blood can't be used. It builds up in the bloodstream even while the body is starved for energy. A person with type 1 diabetes must take one or more injections of insulin daily to stay alive.

Insulin, however, is not a cure. It is only a means of controlling the disease.

CONTROLLING DIABETES

Type 1 diabetes control means keeping the level of sugar (glucose) in the blood as close to normal as possible. The three variables of type 1 diabetes control are: food, exercise, and insulin. Self monitoring of blood glucose is the tool for tracking and maintaining the balance among these variables.

The rule of thumb is: food makes the glucose level rise; exercise and insulin make the glucose level fall. Type 1 diabetes control is a constant balancing act of food, exercise, and insulin. Blood glucose monitoring is the tool for maintaining this balance. If the balance is thrown off, either of two type 1 diabetic emergencies might occur: hypoglycemia (low blood sugar, an insulin reaction, or insulin shock) or hyperglycemia (high blood sugar).

LOW BLOOD SUGAR (HYPOGLYCEMIA)

The emergency situation you are most likely to encounter in caring for a child with type 1 diabetes is low blood sugar, also known as an insulin reaction or insulin shock. Low blood sugar may be caused by eating too little food or not eating soon enough after a previous meal, by too much physical activity without eating, or by too much insulin. Symptoms listed below appear suddenly.

Each child has a particular set of personal symptoms that you will come to recognize.

Headache	Blurred vision
Sweating	Shallow breathing
Shakiness	Inability to concentrate
Pale, moist skin	Loss of coordination
Cold and clammy	Mental confusion
Extreme hunger	Seizure
Weakness/Dizziness	Loss of consciousness
Fatigue/tiredness	
Rapid pulse rate	



CHILD

Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Date: _____

MEDICAL CONDITIONS

Medical Conditions: _____

Current Conditions: _____

Allergies: _____

Blood Type: _____

EMERGENCY NUMBERS

Emergency Contact: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

PHYSICIANS

Physician's Name: _____ Phone: _____

Preferred Hospital Name: _____

Preferred Hospital Phone Number: _____

Pharmacy Name: _____ Phone: _____

OTHER
