Skokie School District 68

Our mission is to develop children who are confident and creative learners. We provide a rigorous curriculum and a supportive school environment that promotes high achievement, encourages personal growth, and meets the unique needs of each child.

SPECIAL SERVICES DEPARTMENT
9300 North Kenton Avenue
Skokie, Illinois 60076-1338
Telephone: 847/568-7591
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Peg Lasiewicki, Ed.D.
Executive Director of Special Services

EMERGENCY HEALTH CARE PLAN – DIABETES TYPE 2

Effective School Year: 20 _____ to 20_____ Today's Date:_____

Student's Name: _____ Date of Birth: _____ Grade: _____

Physician's name and phone #: _____

Parent/Guardian #1 name and #: _____

Parent/Guardian #2 name and #: _____

DIABETES TYPE 2 – HYPERGLYCEMIA (HIGH BLOOD SUGAR)

Description: In this form of diabetes, the pancreas makes some insulin, but either it cannot make enough or the insulin it does make does not work well. Blood glucose may be controlled with exercise and healthy eating and/or oral medications/ insulin injections. High blood sugars do not pose the medical emergency that low blood sugars do, but they can cause damage to the eyes, kidneys and arteries over time. Ketoacidosis occurs rarely in people with type 2 diabetes. High blood sugars can produce the following:

IF YOU SEE THIS:	DO THIS:

• These symptoms will develop slowly over a period of **days or weeks.**
  ○ Excessive thirst
  ○ Excessive hunger
  ○ Excessive urination
  ○ Weakness
  ○ Lack of concentration
  ○ Blurred vision
  ○ Headache
  ○ Sudden, unexplained weight loss
• **Advanced signs:**
  ○ Fruity breath odor
  ○ Nausea/vomiting
  ○ Drowsiness/ loss of consciousness
	1. Notify school nurse
	2. test blood sugar.
	3. test for ketones and take appropriate action per physician's orders
	4. follow physician's orders for management of high blood sugar
	5. encourage student to drink water or sugar free drinks
	6. allow student free use of bathroom
	7. school nurse will notify parent.

(page 1 of 2 – see back page for more information)

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DIABETES TYPE 2 – HYPOGLYCEMIA (LOW BLOOD SUGAR)

Description: In this form of diabetes, the pancreas makes some insulin, but either it cannot make enough or the insulin it does make does not work well. Blood glucose may be controlled with exercise and healthy eating, and /or oral medications/ insulin injections. Low blood sugars can produce the following:

IF YOU SEE THIS:	DO THIS:

• These symptoms will develop quite **suddenly**:
  ○ Hunger
  ○ Headache
  ○ Shakiness
  ○ Dizziness
  ○ Weakness
  ○ Sweating
  ○ Blurry vision
  ○ Irritability
  ○ Unusual behavior
  ○ confusion
• **Advanced signs:**
  ○ Inability to swallow
  ○ Loss of consciousness or seizure
	If symptoms occur and student is CONSCIOUS:
	1. Notify school nurse. Never send student alone.
	2. check blood glucose
	3. if blood glucose less than target, give a quick-acting glucose product equal to 15g of fast-acting sugar (glucose tabs, candy, juice, or soft drink)
	4. wait 15-20 minutes. Check blood sugar and if still below target, repeat treatment
	5. if no improvement after repeated treatment, call parent and advise prompt medical assessment
	
	If student is or becomes UNCONSCIOUS
	1. call 911
	2. notify school nurse
	3. check airway, breathing and circulation and initiate CPR if needed
	4. if CPR is not needed, position student on side. Do NOT give liquids
	5. give 1mg glucagon IM into upper arm or thigh muscle
	6. notify principal, parent/guardian

TO BE REVIEWED AND SIGNED BY PARENT/GUARDIAN

I give permission to the school nurse/health clerk and other designated staff members of District 68 to perform and carry out the emergency care plan as outlined by this emergency health care plan. I also consent to the release of the information contained in this emergency health care plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

_____ _____
Parent Signature Date

TO BE COMPLETED BY PHYSICIAN OR LICENSED PRESCRIBER UPON REVIEW AND APPROVAL

Medications student takes at home: _____

Medication taken at school for this condition: _____

Other medical notes: _____

_____ _____
Physician signature Date

This form shall be effective for the current school year only, and must be renewed each subsequent school year.