Cleveland Heights-University Heights City Schools
Department of Student Services / School Health Services

DIABETES ACTION PLAN

Student: _____ D.O.B. _____ ID# _____
School: _____ Grade: _____ Homeroom: _____ PE _____

LOW blood sugar (hypoglycemia)	**HIGH blood sugar (hyperglycemia)**
LOW SYMPTOMS may include: ☐ Personality changes, irritability ☐ Dizziness, cold sweat/clammy skin ☐ Shaking ☐ Headache, pale face ☐ Fatigue, drowsiness ☐ Slurred speech ☐ Shallow, fast breathing, fast heartbeat ☐ Hunger ☐ Other _____	**HIGH SYMPTOMS** may include: ☐ Extreme thirst ☐ Frequent urination ☐ Tiredness ☐ Stomach ache ☐ Trouble seeing/vision changes ☐ Other _____
LOW TRIGGERS may include: ☐ increased physical activity or stress ☐ Illness ☐ Skipped meal ☐ Other _____	**HIGH TRIGGERS may include:** ☐ Extra snack ☐ Other _____
At the FIRST SIGNS of <u>LOW</u> blood sugar symptoms (do NOT wait for a "break" in class) DO: 1. Have student drink fruit juice, chew glucose tabs, or eat something sweet. 2. Have the student ESCORTED to the nurse's office if the symptoms occur at school. 3. Have student eat more substantial snack like cheese or peanut butter crackers or meat sandwich within 15 minutes. 4. Other _____	**At the FIRST SIGNS of <u>HIGH</u> blood sugar symptoms (do NOT wait for a "break" in class), DO:** ☐ Have the student ESCORTED to the nurse's office if the symptoms occur at school. ☐ Other _____
If symptoms of a more severe reaction occur, CALL 911 and notify parent.	
☐ Unconsciousness, inability to arouse ☐ Convulsions	☐ Deep labored breathing ☐ Nausea, vomiting ☐ Flushed dry skin ☐ "Fruity" breath odor

To REDUCE incidents:

1. Follow food guidelines for the individual student when at school.
2. Be alert to EARLY signs of behavior changes for the particular student (most students will have the same symptoms every time <u>they</u> have a reaction, but the symptoms can vary).
3. Other _____

EMERGENCY PHONE NUMBERS:

Parent/Guardian name: _____ Day #(s) _____
Other: _____ Day #(s) _____
Permission is given for the nurse to contact the following health care provider in the event emergency contacts cannot be reached or for urgent health care information:

Physician's name: _____ Office # _____

Parent signature _____ Date _____

Student's signature _____ Date _____

School Nurse _____ Date _____

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