Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

RSI-6017 Annexe II

Name: _____

Date of birth: _____
YYYY-MM-DD

☐ F ☐ M

Mother's name: _____

Father's name: _____

School: _____

DIABETES INTERVENTION PLAN
HYPOGLYCEMIA – HYPERGLYCEMIA - SCHOOL

Treatment:

☐ Multiple insulin injections
☐ Insulin pump

Where to find:

☐ Emergency kit _____
☐ Sugar _____
☐ Glucagon _____
☐ Baqsimi _____

Target glycemic value between : _____ and _____ mmol

(No action needed)

Blood glucose below 4

OR

HYPOGLYCEMIA symptoms

☐ Sweating
☐ Pallor
☐ Tremors
☐ Change in behaviour
☐ Excessive hunger
☐ Headache
☐ Other _____

Blood glucose above 14.9

OR

HYPERGLYCEMIA symptoms

☐ Dry mouth
☐ Excessive thirst
☐ Frequent need to urinate
☐ Blurred vision
☐ Fatigue
☐ Headache
☐ Other _____

Unconscious

- Administer Glucagon/Baqsimi (if prescribed, and trained to do so)
- Call 911
- Turn the child on their side
- Call the parents

Conscious

Give: _____ Dex 4 -OR-

_____ mL juice -OR-

Other: _____

- Test blood glucose again after 15 min. and repeat until values are 4 mmol or higher.
- If blood glucose is 4 mmol or higher, give the child a snack if there is no meal or snack scheduled in the next hour.

HYPOGLYCEMIA response

- Respond quickly to prevent the child from losing consciousness
- Confirm hypoglycemia by doing a capillary blood glucose test
- When in doubt, always give sugar, even if you're not sure whether it's hypoglycemia
- Never leave the child unattended if they are not completely recovered
- Notify the parents if the child has recurrent hypoglycemia or more than _____ episodes during the day or if severe hypoglycemia

HYPERGLYCEMIA response

- Let the child drink water and use the bathroom
- Call the parents if the child is having severe abdominal pain, nausea, vomiting OR if blood glucose is above _____ mmol.

INSULIN PUMP:

Follow the specific instructions from the parents, student and/or diabetes clinic (ex : verify ketones) :

_____

_____

EMERGENCY CONTACTS				
Family name/First name	Relationship	Tel. (home)	Tel. (work)	Tel. (mobile)

The undersigned, student (age 14 and over), parent or guardian, authorizes an adult to respond to the above-mentioned person in the event they show symptoms of hypoglycemia, as defined. This response plan must be given to the school workers, with appropriate information about the student.

Signature of parent, or of student age 14 and over: _____ Date: _____

Inspired by : Centre hospitalier Universitaire de Ste-Justine. (201). Plan d'intervention diabète scolaire, Clinique de diabète du CHU Ste-Justine.