

<b>Student's Name:</b>
<b>School:</b>
<b>Parent/Guardian Phone:</b>

## Blood Glucose Testing

\*Desired Blood Glucose range may vary from student to student.

### Algorithms for Blood Glucose Testing Results

Check Blood Glucose

Below: _____	From: _____ To: _____	Above: _____
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Check Ketones (if ordered)

<ol style="list-style-type: none"> <li>1. Give fast acting sugar source*.</li> <li>2. Observe for 15 minutes</li> <li>3. Retest blood glucose, if less than _____* repeat sugar source. If over _____ give carbohydrate and protein snack (e.g. crackers and cheese) or if within one hour to next meal feed early.</li> <li>4. Notify Parent and District Nurse if two or more episodes in one week.</li> </ol> <p><b>If Student Becomes Unconscious or is Unable to Swallow:</b></p> <ol style="list-style-type: none"> <li>1. Call 911.</li> <li>2. Turn student on side to ensure open airway.</li> <li>3. Give glucose gel and Glucagon if ordered.</li> <li>4. Notify parent and District Nurse.</li> <li>5. <b>If unconscious and having a seizure, administer glucagon only, if ordered.</b></li> </ol>	<ol style="list-style-type: none"> <li>1. If student feels OK, may resume school activities.</li> <li>2. If the student does not feel OK, retest blood glucose immediately.             <ul style="list-style-type: none"> <li>• If glucose &lt; _____, then follow instructions on left.</li> <li>• If glucose &gt; _____, then contact parent for instructions.</li> </ul> </li> </ol>	<p style="text-align: center;"><b>Student Feels OK – Ketones Neg. – Sm.</b></p> <ol style="list-style-type: none"> <li>1. Give 1-2 glasses of water every hour.</li> <li>2. Give insulin/exercise if ordered per Diabetic Plan.</li> <li>3. Notify parent if small ketones are present.</li> <li>4. Notify parent and District Nurse if two or more episodes occur in one week.</li> </ol>	<p style="text-align: center;"><b>Student Does Not feel OK – Ketones Mod. – Large</b></p> <ol style="list-style-type: none"> <li>1. Consult immediately with District Nurse and notify parent to pick up child.</li> <li>2. Provide –2 glasses of water every hour until parent/guardian arrives.</li> </ol> <p><b>If at any time student vomits, is confused, and/or has labored breathing or coma CALL 911</b></p>
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*Fast Acting Sugar	
<ul style="list-style-type: none"> <li>• 15 gm. glucose tablets</li> <li>• 15 gm. glucose gel</li> <li>• 1/3 c. sugared soda</li> <li>• ___ c. orange juice</li> </ul>	<ul style="list-style-type: none"> <li>• ___ c. apple juice</li> <li>• ___ c. grape juice</li> <li>• ___ tube cake mate gel</li> <li>• 3 tsp. Sugar (in water)</li> </ul>

**To Physician:**  
 Please make desired modifications to the standard procedure above and insert numbers of personal algorithms for this child in the boxes provided.  
 Please list any additional needs or special considerations for this child.

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**PHYSICIAN INITIALS** \_\_\_\_\_