

URGENT EMERGENCY

LOW Blood Sugar

If Child is Combative,

Unresponsive or Unconscious.

- There are situations when a child can have a stubborn low where the normal treatments just are not combating the affect that adrenaline and active insulin are having on the body. The Dexcom Receiver shows data that is 15 minutes behind current readings. If the child shows a **LOW** or has a number with **2 arrows down** that is near their **RED low threshold line**. They could be substantially lower. The arrows represent how fast the sugar level is moving and what direction it is moving in.



- If you see this and the child seems very drowsy and

zoned out but can still swallow. Squirt the tube of cake gel into their mouth into the cheek and help them to swallow it. If the child is unable to swallow the gel and is getting combative or fading and unresponsive use a **Glucagone Shot IMMEDIATELY**.

- Pop silver lid off the vial, remove safety cap and clip from syringe and inject the syringe into the vial to reconstitute the powder. Gently constitute so as not to create bubbles. **DO NOT BREAK THE NEEDLE**. Insert



straight into vial, turn vial upside down push any air into the vial then withdrawal as much liquid as possible. Inject all liquid into the thigh, through jeans if needed. Follow up with **15 carbs** as soon as the child is able to swallow. Monitor closely, give more carbs as needed following low protocol. Have child seen by Emergency Responders ASAP.

Extended Care for Lockdowns lasting more than 1 HOUR.

- If the lockdown is extended and the child's numbers are still within range, **ideally between 120 and 250**, just continue to monitor. If the child is trending toward the **LOW side**, below 120 have them eat **5 grams of carbohydrates** and recheck status every half hour unless they alert you to a significant change or you hear alarms.
- If you suspended insulin for the hour, you may need to **Resume Delivery** when it alerts, to avoid the blood sugars from going too high. If the child is in range and trending upward, have the child resume insulin. If the BS number is **going down** or **below the low line**. Keep it suspended and recheck status every half hour and do low treatments as needed.
- If the child is running near or above the high range but under **300**. Make sure Insulin **isn't suspended**, and give the child **8oz of water**. Make note of the time frame the child's BS hit 300. **Ketones start forming when above 300 BS**.
- If child's BS is above **300 for more than an hour** or if the **DEXCOM shows no # and says High**. In this situation, the child needs insulin. If the number shows on the DEXCOM, tell the child to **BOLUS** using that number, if it only says HIGH, have the child enter a 400 as their blood Sugar Number. The **PDM PUMP** will make a recommended correction dose. Tell the child to **reduce it 50%**. This will help prevent DKA but may not drastically reduce the blood sugar. **Repeat this step in 2 hours if BS is still above 300**. Have child contact parents as soon as possible.

Lockdown Protocol Type 1 Insulin Dependent

1. Have the child text or call their parent that they are in a lockdown situation to receive instruction.

Phone numbers:

Mom : _____ *primary*

Dad : _____ :

- If you are unable to communicate with the parent(s) and unable to interact with the school nurse, flip the page and go to **Assessing the Student**.

Assessing the child's status

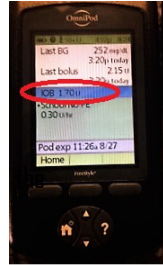
- After you have finished your school lockdown protocol and everyone is safe, ask the child to check their Dexcom to find out what their blood glucose number is and what direction it is currently moving.



- In the above picture the **112** shows the current blood sugar reading. The **Red Line** represents the **LOW** threshold and the **Yellow Line** represents the **HIGH** threshold. The **Arrow** shows the current direction the sugar levels are moving. **Ideally in this situation the child will be between 120 and 250.**
- If the child's Number is between the **Red** and **Yellow** lines and the **Arrow** is pointing straight, that is good. Tell the child to monitor their number and tell you if the **Arrow** changes direction or they start to **feel poorly**. ***Always trust how the child feels over the technology!***
- If the Child feels poorly or shaky, if the number is near or below the **RED line**, or if the Dexcom shows **1 or 2 arrows pointing down** see **treating a LOW BLOOD SUGAR it could become Urgent!**
- If the child is near or above the **Yellow Line** or with **1 or 2 Arrows pointing upward** see **treating a HIGH BLOOD SUGAR**.
- If the child is passed out, is combative, seizes or lethargic, see **URGENT EMERGENCY TREATMENT** section.

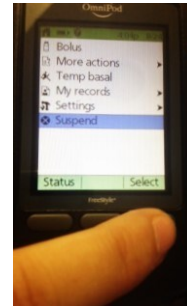
Treating a LOW Blood Sugar

- You have established the child is on the **low** end of their sugar range. If the child is communicating well and able to follow directions ask them how much insulin they have on board, **IOB**. Adrenalin can speed up insulin absorption. If the child has



0 IOB, give them **__ grams of carbs** and have them watch their number and tell you if it drops or they feel low or shaky. In this case the child has **1.7 units on board**. Tell the child to **SUSPEND INSULIN** on their pump for **1 hour**. If they are unable, this is done

by hitting **HOME** then hitting the **DOWN ARROW** to highlight **SUSPEND** and **SELECT** as shown here. You must also select a time frame, hit the **UP ARROW** to **1.0hr** and press the **ENTER**. (The pump will need to be resumed and will beep at the 1 hour mark as a reminder. You may resume sooner if child's BS starts rising quickly.)



- Now that additional insulin is being suspended, you need to deal with the insulin that is already **ON BOARD** and working in the child's body. **In this case it is 1.7 Units**. Move the decimal point right one space and give that many carbohydrates to the child. **In this case 17 grams of carbohydrates are needed**. Get as close as you can to the correct carb count but a few more carbohydrates are better than less. If child ever seems combative or drowsy, see the **URGENT EMERGENCY** section
- Tell the child to pay attention to their number and to instruct you if it drops below 80. If it drops tell the child to eat a **GLUCOSE TAB**. He carries them and there are some in your emergency box. If the lockdown continues **beyond 1 Hour** see the **EXTENDED CARE SECTION**.

Treating a HIGH Blood Sugar

- You have established the child's Blood Sugar is near or above the **High** end of the range. No long term damage can happen from being above range for a short period of time. Adrenalin spikes can either drop a child low or falsely elevate blood sugars. If the child has recently eaten, a temporary spike in blood sugar can/will also occur. If you previously **SUSPENDED INSULIN**, tell the child to **RESUME INSULIN DELIVERY**.
- Ask the child how much Insulin is on board—**IOB**. If they have **0 IOB**, have the child drink an **8oz water**. Water can help reduce blood sugars. This may increase the child's need for bathroom use. **No other action is needed at this time.**
- If they have recently eaten there could be up to 5 units on board **IOB**. **No action is needed at this time**. Insulin takes 3 hours to process from time of dosing. Tell the child to inform you if their BS starts dropping at **2 arrows down** or if it gets **below 115**. Then refer to the **Low Blood Sugar Section** of the pamphlet.
- If the lockdown situation is **lasting longer than 1 hour**, **HIGH Blood Sugars** can start to build **Ketones** in the child's body. This can bring on vomiting and a lethal reaction called **DKA**. Please see the **Extended Care for Lockdowns lasting more than 1 HOUR**.