Diabetes Mellitus Emergency Action Plan [SAMPLE]

1. All athletes who have been diagnosed with diabetes will have a personalized diabetic care plan for games and practices which includes130:
	1. Frequency of monitoring of blood glucose levels,
	2. Pre-exercise exclusion values (see points below for general values)
	3. Insulin administration guidelines,
	4. hypo- and hyper-glycemia treatment guidelines,
	5. glucagon kit for personal carry and athletic trainer,
	6. list of other medication,
	7. Medical alert tag
	8. emergency contact information (emergency contact person, physician), in case of transportation to emergency room.
2. If diabetic athlete is found unconscious Emergency Medical System (911) will be activated and blood sugar checked for glucose level. If blood glucose level is below 70 and student-athlete is unconscious (unable to take p.o. fluids) administer glucagon.3
3. Any diabetic athlete who displays signs/symptoms of hypoglycemia (tachycardia, sweating, palpitations, hunger, nervousness, headache, trembling, or dizziness) will be evaluated and treated according to glucose level, preferably with oral nutrition.
4. Athletes found to be suffering from mild or moderate hypoglycemia (glucose 40-70) (athlete is conscious and able to swallow) will be given 15 grams of carbohydrates (i.e., glucose tablet, orange juice or soda, candy bar, etc.) and have blood glucose levels rechecked in 15 minutes. Repeat 15 grams of carbohydrates if less than 70 and recheck in 15 minutes until resolved.165
5. Any student-athlete with diabetes who displays signs/symptoms of hyperglycemia without ketosis (nausea, dehydration, reduced cognitive performance, sluggishness, fatigue) must be evaluated and treated accordingly.
6. A diabetic athlete who displays signs/symptoms of hyperglycemia with ketoacidosis (kussmaul breathing- abnormally deep and rapid breathing, breath that has a fruity odor, unusual fatigue, sleepiness, loss of appetite, increased thirst and frequent urination, as well as previously listed symptoms) needs to have blood glucose and ketones evaluated and treated accordingly.
7. An athlete who has a fasting blood glucose level below 300mg/d without ketones can continue to exercise with frequent (every 15 minutes) reassessment of blood glucose levels.
8. An athlete who has a fasting blood glucose of 250 mg/dl or higher will have urinalysis for ketones. If ketones are present, the athlete may not practice, will receive appropriate insulin supplement dosing and have frequent blood glucose monitoring (every 30 minutes until blood glucose levels stabilize).
9. Any diabetic athlete who is removed from activity should demonstrate a blood glucose level between 90 and 180 before being permitted to return to play. If hypoglycemia with symptoms occurred, then removal will from activity will be a minimum of 48 hours to allow restoration of endogenous counter-regulatory hormones.39 If hyperglycemia with urinary ketones, then restoration of no urinary ketones and appropriate blood glucose at least 24 hours after removal is required.