TYPE 1 DIABETES KIT

Insulin Dependent

NAME:

DOB:

ADDRESS:

ATTACH YOUR CHILD'S PHOTO HERE

CONTACTS

Emergencies, call 9-1-1

MOTHER:

( ) -

FATHER:

( ) -

HOSPITAL:

DOCTOR:

( ) -

Must have access to food at any and all times

Vomiting: Life threatening. Notify the parents immediately!

CONTENT LIST

TARGET BLOOD SUGAR RANGE:

_____ - _____

LOWS (BLOOD SUGAR BELOW _____):

Signs (one or multiple): Irritability, confusion, shakiness, impaired coordination, slurred speech.

Treatment: Give fast acting sugar (small juice box, glucose tablets, Smarties, Skittles, glucose).

IN THE CASE OF EXTREMELY LOW BLOOD SUGAR (POSSIBLY BELOW 40) CAUSING SEIZURES, INABILITY TO INGEST FOODS, OR UNRESPONSIVENESS, ADMINISTER GLU-CAGON (0.5 MG) AND CALL 9-1-1. THIS IS AN IMMEDIATE THREAT TO LIFE THAT COULD CAUSE BRAIN DAMAGE OR DEATH.

HIGHS (BLOOD SUGARS ABOVE _____):

Signs (one or multiple): Lethargy, crankiness, dry throat, thirst, frequent need to use the restroom.

Treatment: Needs insulin. Must have access to bathroom. Check for ketones. If left untreated, ***organ damage*** will occur. Notify parent(s).