

INDIVIDUALIZED SCHOOL HEALTH CARE PLAN: DIABETES
(Also see Emergency Response Plan)

Date: _____

Student _____ Date of birth _____

School _____ Grade _____ Teacher _____

Parent(s)/Guardian(s) _____

Phone (H) _____ (W) _____ (Other) _____

Additional emergency contact information _____

Diabetes Care Provider _____ Phone _____ Fax _____

Diabetes Nurse Educator _____ Phone _____ Fax _____

Hospital of choice _____

ROUTINE MANAGEMENT Target Blood Sugar Range _____ to _____

REQUIRED BLOOD SUGAR TESTING AT SCHOOL: TIMES TO DO BLOOD SUGAR:

- Trained personnel must perform blood sugar test
 - Trained personnel must supervise blood sugar test
 - Student can perform testing independently ..
 - Before lunch
 - After lunch
 - Before P.E.
 - After P.E.
 - As needed for signs/symptoms of low or high blood sugar
- Call parent if values are below _____ or above _____

MEDICATIONS TO BE GIVEN DURING SCHOOL HOURS:

- Oral diabetes medication(s)/dose _____ Time to be administered: _____
- Sliding scale: _____ To be administered immediately:
Insulin (subcutaneous injection) using Humalog / NovoLog / Regular (circle type) Before lunch After lunch
____ Unit(s) if lunch blood sugar is between _____ and _____
____ Unit(s) if lunch blood sugar is between _____ and _____
____ Unit(s) if lunch blood sugar is between _____ and _____
____ Unit(s) if lunch blood sugar is between _____ and _____
- Insulin/Carb Ratio ____ Unit for every ____ grams of carbohydrate eaten, _____ plus
____ unit(s) for every ____ mg/dl points above ____ mg/dl
- Student can draw up and inject own insulin Student cannot draw up own insulin but can give own injection
- Trained adult will draw up and administer injection Student can draw up but needs adult to inject insulin
- Student is on pump Student needs assistance checking insulin dosage
- Glucagon (subcutaneous injection) dosage; dosage = _____ cc

DIET:

Lunch time _____ Scheduled P.E. time _____ Recess time _____
Snack time(s) ____ a.m. ____ p.m. Location that snacks are kept _____ Location eaten _____
 Child needs assistance with prescribed meal plan. Parents/Guardian and student are responsible for maintaining necessary supplies, snacks, testing kit, medications and equipment.

FIELD TRIP INFORMATION:

1. Notify parent and school nurse in advance so proper training can be accomplished.
2. Adult staff must be trained and responsible for student's needs on field trip.
3. Extra snacks, glucose monitoring kit, copy of health plan, glucose gel or other emergency supplies must accompany student on field trip.
4. Adults accompanying student on a field trip will be notified on a need to know basis.

PEOPLE TRAINED FOR BLOOD TESTING AND RESPONSE:

Name _____ Date _____
Name _____ Date _____

PERMISSION SIGNATURES:

As parent/guardian of the above named student, I give permission for use of this health plan in my student's school and for the school nurse to contact the below providers regarding the above condition. Orders are valid through the end of the current school year.

Parent Signature _____ Date _____
Nurse Signature _____ Date _____
Physician Signature _____ Date _____

EMERGENCY RESPONSE PLAN

Student Name _____ Grade/Teacher _____ Date _____

Mild Low Blood Sugar: Symptoms could include (please circle all that apply): hunger, irritability, shakiness, sleepiness, sweating, pallor, uncooperative, crying or other behavioral changes. Additional student symptoms:

Student to be treated when blood sugar is below _____.

Treatment of Mild Low Blood Sugar: With any level of low blood sugar **never** leave the student unattended. If treated outside the classroom, **a responsible person should accompany to the health clinic or office** for further assistance.

- Test blood sugar. If kit is not available, treat child immediately for low blood sugar.
- If blood sugar is between _____ and _____ and lunch is available, escort to lunch and have child eat immediately! If lunch is unavailable, treat immediately as listed below.
- If blood sugar is below _____, give 4 oz of juice or 6 oz (1/2 can) of regular sugar pop or 2-3 glucose tablets.
- Wait 10 minutes. Recheck blood sugar. Re-treat as above if still below: _____.
- Follow with snack or lunch when blood sugar rises above _____ or when symptoms improve.
- Notify _____ school nurse _____ and parent.

Comments: _____

MODERATE LOW BLOOD SUGAR: Symptoms: In addition to those listed above for a mild low blood sugar, student may be combative, disoriented, or incoherent.

Treatment of Moderate Low Blood Sugar:

If student is conscious yet unable to effectively drink the fluids offered:

- Administer 3/4 to 1 tube (3 tsp) of glucose gel, or 3/4 to 1 tube of cake decorating gel. Place between cheek and gum with head elevated. Encourage student to swallow. Student may be uncooperative.
- Call _____ parent and _____ school nurse.
- Retest in 10 minutes. If still below _____, retreat as above.
- Give regular snack after 10 minutes, when blood sugar rises above _____ or when symptoms improve.

Comments: _____

SEVERE LOW BLOOD SUGAR: Student symptoms include: Seizures or loss of consciousness, unable/unwilling to take gel or juice

?Stay with student ?Roll student on side ?Do not put anything in mouth

?Appoint someone to call 911 ?Protect from injury

- Give Glucagon subcutaneously (if ordered and if an nurse or other delegated person is available); dose = _____ cc (can use an insulin syringe to mix and administer if needed: number of units of glucagon = _____ units)

Comments: _____

HIGH BLOOD SUGAR: Student must be treated when blood sugar is above _____. Call parent/guardian if blood sugar is greater than _____. Symptoms could include (circle all that apply): extreme thirst, headache, abdominal pain, nausea, increased urination.

Additional student symptoms: _____

Treatment of High Blood Sugar:

- Drink 8-16 oz of water or DIET pop every hour. Be allowed to carry water bottle with them
- Use restroom as often as needed
- Check urine ketones _____ or blood ketones _____ if sugar is greater than _____ or when ill. If urine ketones are moderate to large, or if blood ketones are greater than 0.6 mmol/L, **call parent immediately!**

Do not allow exercise.

- Administer insulin if ordered.

If student exhibits nausea, vomiting, stomachache or is lethargic, notify _____ school nurse and _____ parent contact ASAP. Send student back to class if none of the above physical symptoms are present.

PERMISSION SIGNATURES:

Parent: _____ Physician: _____

Nurse: _____ School Principal: _____

Phone: _____ Fax: _____