



INDIVIDUALIZED SCHOOL HEALTH CARE PLAN: DIABETES

Student: _____ DOB: _____ Grade/Teacher _____

Parent name: _____

Phone (H) _____ (W) _____ Cell _____

Emergency Contact/Phone _____

Physician _____ Phone _____

Diabetes Nurse Educator _____

Hospital of choice _____

DIABETES: Type 1 diabetes is a chronic metabolic condition. Diabetes can be controlled with insulin, diet, and exercise. People with diabetes can be expected to participate in all activities and lead a normal, active life – intellectually, socially, and physically. The most frequent complication of diabetes is low blood sugar or hypoglycemia. This can be caused by: inadequate intake of food, emotional stress, too much exercise, receiving too much insulin. The emergency response plan for hypoglycemia is attached.

Target Blood Sugar Range _____ to _____

BLOOD SUGAR CHECKS (Check all that apply):

____ Student can perform checks independently or ____ Staff must supervise blood sugar checks

Times to do blood sugar checks ____ Before lunch, ____ After lunch, ____ Before PE, ____ After PE,

____ As needed for signs of low or high blood sugar, Other _____

Place (in school) to check blood sugar _____

Glucometer Type/Brand _____

Supplies/glucometer will be kept:

MEDICATIONS TO BE GIVEN DURING SCHOOL HOURS

Upper School students in 6th through 12th grade must demonstrate competency to administer their own Insulin. This requires a meeting with parents, student and the School Nurse. Generally, Insulin MUST BE administered in the Nurse’s Office. Upper School students may administer their own Insulin during sport or after school activities.

The School Nurse will administer Insulin to Lower School students in grades Pre-K- 5th grade. Parents may request a meeting with the School Nurse to discuss student administration and demonstration of competency on a case-by-case basis.

The School Nurse is available to administer Insulin to students based on their judgment or parental request.

Insulin administered by (check): ____ pen ____ syringe ____ insulin pump

Type of insulin ____ Humalog ____ Novolog ____ Regular

Time(s) insulin to be given:



Student calculates Insulin/Carb Ratio ____yes ____no
____Unit for every ____grams of carbohydrate eaten
Student calculates correction dose ____yes ____no
____unit(s) for every ____mg/dl points above ____mg/dl

Student has pump that calculates correction dose and insulin/carb ratio? ____yes ____no
Other medications/allergies _____

DIET

Lunch time _____

Physical Education is scheduled at _____am/pm, Days M T W Th F

Snack: ____is not necessary before PE.

Snack times _____ Will student need to be reminded? ____n/a ____yes ____no

Preferred snacks/parent instruction for class parties:

Call parent _____

FIELD TRIPS: Extra snacks, glucose monitoring kit, copy of health plan, glucose gel or other emergency supplies must accompany student on field trip.

Notify parent if child's blood sugar is below _____ or above _____ mg/dl.

HYPOGLYCEMIA – INSULIN REACTION (LOW BLOOD SUGAR)

Student to be treated when blood sugar is below _____

MILD LOW BLOOD SUGAR Signs/Symptoms may include hunger, irritability, shakiness, sleepiness, sweating, pallor, uncooperative, crying or other behavioral changes. Additional student symptoms _____

Treatment:

Never leave student unattended. If treated outside the classroom, a responsible person must accompany student to health office.

Give juice (1 carton), or regular soda (1 cup), or 2-3 glucose tabs; (1 small tube of cake decorating gel can also be placed between cheek and gum with head elevated)

Wait 10-15 minutes. Recheck blood sugar. Retreat as above if still below 75, or if symptoms persist.

When symptoms improve or blood sugar is >75, give substantial snack (carbohydrate and protein) or lunch.

Comments: _____

SEVERE LOW BLOOD SUGAR:

Signs/Symptoms: Seizure or loss of consciousness or student unwilling/unable to take gel or juice.

Treatment:

Glucagon: inject intramuscularly (circle which applicable) 1.0 mg or 0.5 mg

CALL 911 - Stay with student

Place student on side - Do not put anything in mouth

Comments: _____



HYPERGLYCEMIA – HIGH BLOOD SUGAR

Student must be treated when blood sugar is above _____.

Signs/Symptoms may include: extreme thirst, headache, abdominal pain, nausea, increased urination

Treatment:

- Drink 6-8 ounces of water every hour. Allow student to carry water bottle with them.
- Use restroom as needed.
- Do not allow exercise.
- Student to administer insulin if ordered by health care provider
- Check for ketone if blood sugar above _____
- Give correction dose if ketones present _____
- Notify parent if ketone are present.
- For pumps, will student be able to change infusion set, or have an alternate source of insulin at school? _____

If student exhibits nausea, vomiting, stomachache or is lethargic, notify parents and school nurse ASAP.

Send student back to class if none of the above symptoms are present.

Comments: _____

I understand that all monitoring equipment, snacks, glucose are to be provided by the family.

In case of an emergency, contact the 911 emergency response team for further evaluation.

If parents are unavailable, the physician or diabetic nurse educator may be contacted for specific information.

If transportation by ambulance is necessary, parents will assume responsibility for payment.

Parent(s) Signature: _____ Date: _____

Nurse Signature: _____ Date: _____