## INDIVIDUALIZED SCHOOL HEALTH CARE PLAN: DIABETES

CONFIDENTIAL

Student	DOB:	Grade/Teacher				
School:	Parents:					
Phone (H)	(W)	Cell#				
Emergency Contact/Phone _		Phone				
Physician		Phone				
Diabetes Nurse Educator						
Hospital of choice						
<u>DIABETES:</u> 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 (C						
		ntly orStaff must supervise blood sugar checks				
Times to do blood sugar checksBefore 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	ou sugai					
Supplies/glucometer will be k	ent:					
Supplies/glacometer will be k	ері.					
MEDICATIONS TO BE GIVEN DURING SCHOOL HOURS  Student can give his/her own insulin?yes (Responsible secondary students may administer their own insulin provided the school has Dr.'s order and authorization. Otherwise, a parent will need to come to the school to administer the insulin since this cannot be delegated to school staff.)  Insulin administered by (check):pensyringeinsulin pump  Type of insulinHumalogNovologRegular  Time(s) insulin to be given:  Student calculates Insulin/Carb RatioyesnoUnit for everygrams of carbohydrate eaten  Student calculates correction doseyesnounit(s) for everymg/dl points abovemg/dl  Student has pump that calculates correction dose and insulin/carb ratio?yesno Other medications/allergies						
Other medications/allergies_						
DIET Lunch time_						
DIET Lunch time	_	am/pm, Days M T W Th F				
DIET Lunch time Physical Education is schedu Snack:is not n	_ led atecessary before	am/pm, Days M T W Th F e PE.				
DIET Lunch time_ Physical Education is schedu Snack:is not n Snack times_	_ led at ecessary before Will s	am/pm, Days M T W Th F e PE. student need to be reminded? _n/ayesno				
DIET Lunch time Physical Education is schedu Snack:is not n	_ led at ecessary before Will s	am/pm, Days M T W Th F e PE. student need to be reminded? _n/ayesno				

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

## **EMERGENCY RESPONSE PLAN: DIABETES**

Studen	ıt	_DOB	Grade/Teacher	_		
Notify	parent if child's blood sugar is be	elowo	r 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						
•	Never leave student unattended. If accompany student to health office Give juice (1 carton), or regular pop decorating gel can also be placed by Wait 10-15 minutes. Recheck bloo persist.  When symptoms improve or blood protein) or lunch.  mments:	o (1 cup), or 2-3 glu oetween cheek and d sugar. Retreat a sugar is >75, give	ucose tabs; (1 sma I gum with head ele is above if still belo substantial snack (	Il tube of cake evated) ow 75, or if symptoms		
Signs/S Treatm •	RE LOW BLOOD SUGAR: Symptoms: Seizure or loss of consonent: CALL 911 Place student on side ents:	- Stay with stude - Do not put anyt	nt hing in mouth	• ,		
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  - 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.						
,	s) Signature:					
Nurse S	Signature:		Date:			