

Individual School Health Care Plan – Diabetes

Name:

Condition: **Diabetes**

Class:

What	When	Why	by Whom
Blood Sugar monitoring <i>in nurse's office</i>	Before lunch Anytime feels "low"	Glucose or insulin per order (see MD Order) May need juice, snack, or recheck by nurse Child will recognize signs of low blood sugar	
Allow to use bathroom and get drinks as often as needed	As requested. Need is higher in students with diabetes	Condition requires good hydration and more frequent urination	All staff
Snacks/juice/glucose tabs Nurse has extra available	As needed, including in class	Low/high blood sugar can be life-threatening	Self/ All staff
Allow snack and send to nurse accompanied by another student	Anytime student states "feeling low"	Low/high blood sugar affects mental and physical functioning	All staff
Staff Aware of s/s of low blood sugar (see below)	At all times, especially when active or ill	Activity will lower BP, illness may change food intake	All staff
Academic conditions determined per student	As needed	Low/high blood sugar may affect academic performance	All staff
Glucometer, supplies from home, and testing on field trips	Before lunch or whenever student feels low	May need glucose, snack, food or insulin	Self/All staff

Signs of low blood sugar	Signs of high blood sugar	Emergency Symptoms
<ul style="list-style-type: none"> • Headache • Sweating • Pale, moist skin • Cold and clammy • Extreme/sudden hunger • Weakness/Dizziness • Shakiness • Fatigue/tiredness • Rapid pulse rate • Blurred/double vision • Shallow breathing • Confusion/inattention • Loss of coordination 	<ul style="list-style-type: none"> • Extreme thirst • Frequent urination • Drowsiness, lethargy S • Dry, hot skin • Lack of appetite • Fruity, sweet, or wine-like odor on breath • Heavy, labored breathing • Stupor, unconsciousness 	<ul style="list-style-type: none"> • Seizure • Loss of consciousness <p>Emergency Phone Numbers:</p> <p>EMS: 911 School Nurse: Ext Parent:</p>

Sign _____ Date _____

Individual School Health Care Plan – Diabetes

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:

- Trained personnel must perform blood sugar test
- Trained personnel must supervise blood sugar test
- Student can perform testing independently

- Call parent if values are below _____ or above _____

Times to do blood sugar:

- Before lunch
- After lunch
- Before P.E.
- After P.E.
- As needed for signs/symptoms of low or high blood sugar

Medications to be given during school hours:

- Oral diabetes medication(s)/dose _____ Time to be administered: _____

Sliding scale:

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 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 (attach Table 6 to these instructions)
- Students need assistance checking insulin dosage
- Glucagon (subcutaneous injection) 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 (see attached). 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 students 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 names 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 _____