

**PRINCETON INDEPENDENT SCHOOL DISTRICT
PRINCETON TEXAS 469-952-5400
DIABETES MANAGEMENT PLAN**

1. Student: _____ DOB: _____
School: _____

2. Diagnosis: **Insulin Dependent Diabetes Mellitus**

3. Procedures: (parent to provide diabetic supplies for all procedures)

- a. Test blood before lunch and as needed.
- b. Test urine ketones when blood glucose is over 250 and/or when child is ill.
- c. Please mark one: Regular Humalog Novolog Apidra

The above insulin given based on the following guidelines:

- Child may/may not prepare insulin injection
- Child may/may not administer insulin injection

Blood glucose below _____ no additional insulin

Blood glucose from _____ to _____ = _____ units insulin SQ

Blood glucose from _____ to _____ = _____ units insulin SQ

Blood glucose from _____ to _____ = _____ units insulin SQ

Notify parent if blood glucose is over _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

d. Child to eat lunch following pre-lunch testing.

4. Precautions:

- a. **HYPOGLYCEMIA: Signs of hypoglycemia include trembling, sweating, shaking, pale, weak, dizzy, sleepy, lethargic, confusion, coma or seizures. See treatment chart on the following page.**
- b. **HYPERGLYCEMIA: Signs include frequency of urination and excessive thirst. See the treatment chart on the following page. (Note: Deep rapid respirations combined with a fruity odor to the breath and positive urinary ketones are signs of ketoacidosis. This is an emergency. Notify parent).**

5. Meal Plan:

Breakfast: _____ grams

Mid AM Snack: _____ grams

Lunch: _____ grams

Mid PM Snack: _____ grams

Physician: _____ Phone: _____ Date: _____

Parent Consent:

I, the undersigned parent/guardian of _____, request that the medication and procedures mentioned on this form be administered to my child. Information concerning my child's diabetes health management may be shared with/obtained from the health care provider listed above.

Signature: _____ Relationship: _____ Date _____

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Home Phone: _____ Work Phone: _____

**DIABETES MANAGEMENT PLAN
GUIDELINES FOR RESPONDING TO BLOOD GLUCOSE TEST RESULTS**

If blood glucose is **BELOW 70:** (hypoglycemia, insulin reaction, low blood sugar):

- A. Give child 15 grams carbohydrate: (such as)
 - 6 lifesavers
 - 4 ounces of juice
 - 6 ounces of regular soda
 - 2-3 glucose tabsIf it is lunch or snack time, allow the child to eat the meal or snack.
- B. Allow child to rest 10 minutes, recheck blood glucose, if over 80 (or IHP number) return to class.
- C. If symptoms persist (or blood glucose remains below 80), repeat steps A and B.

If blood glucose is **BELOW 70** and the child is **unconscious or seizing:**

- A. Enact School Emergency Response Plan:
 1. Call 911
 2. Notify parent.
- B. If **available:** inject Glucagon _____ mg. SQ (per IHP).
If **not available:** rub a small amount of glucose gel (or cake frosting) on child's gums and oral mucosa.
- C. If seizing utilize the seizure protocol.

If blood glucose is **FROM 70 to 250:** Follow usual meal plan, ordered lunch time insulin, and daily activities unless otherwise directed by IHP.

If blood glucose is **OVER 250:**

- A. Test for urinary ketones.
- B. If urinary ketones are **NEGATIVE:**
 - a. Follow usual meal plan.
 - b. Encourage calorie-free fluids.
 - c. Give regular insulin based on sliding scale (per IHP).
- B. If urinary ketones are **POSITIVE** (small, moderate or large):
 - a. Encourage calorie-free liquids.
 - b. Give regular insulin per sliding scale.
 - c. Re-test blood glucose and urinary ketones every 2 hours, or until ketones are negative.
 - d. Notify parent for: (these signs can indicate Diabetic Ketoacidosis, a diabetic emergency)
 1. Large ketones
 2. Nausea with vomiting
 3. Deep rapid respirations
 4. Fruity odor to the breath