



SPRING LAKE PARK SCHOOLS

Parent Signature: _____ Date: _____
Provider Signature: _____ Date: _____

GENERAL INFORMATION

Name: _____ Date of birth: _____
Emergency contact: _____ Phone number: _____
Provider: _____ Phone number: _____

Diagnosis: Diabetes

1. Hyperglycemia (high blood sugar) causes:
 - Too much food
 - Too little insulin
 - Illness or stress
2. Hypoglycemia (low blood sugar) causes:
 - Meals and snacks that are late or missed
 - Extra exercise that burns more sugar than usual
 - An insulin dose that is too high

Plan/Goal:

1. Monitor nutrition at school
2. Monitor blood glucose level before lunch and as necessary
 - Recommended blood sugar readings between _____
3. Educate students, parents, teachers, support staff as appropriate

Implementation/Nursing Orders:

1. Hyperglycemia (High Blood Sugar)
 - Assess symptoms: Circle symptoms appropriate to this student.
Abdominal pain, nausea, vomiting, blurred vision, dry mouth, frequent urination, tiredness, rapid breathing.
 - Other symptoms: _____
2. Hypoglycemia (Low Blood Sugar-Insulin Reaction)
 - Assess symptoms: Circle symptoms appropriate to this student.
Shaky, sweating, hunger, dizziness, paleness, tingling of lips, irritability, confusion, poor coordination, double or blurred vision.
 - Other symptoms: _____

Guidelines for treating blood sugars:

Highs: If blood sugar is over _____ for 3 days, notify parent
If blood sugar is over _____, call parent

Lows: 60 to 80 before lunch: _____
45 to 60 before lunch: _____
Under 45: _____
Under 45 and seems disorientated: _____ Unconscious: _____
Call 911, try glucose gel if available, rub it in mouth and on gums or glucagon will be administered if RN is in the building.

Nutritional Plan:

Will the student carry a sugar snack at all times? _____

AM Snack Time: _____ Carb Units: _____
Lunch Time: _____ Carb Units: _____
PM Snack Time: _____ Carb Units: _____

