

Name: _____ DOB: _____ School Year: _____

Type 1 Diabetes School Communication and Treatment Authorization Form

Diabetes Overview: Type 1 diabetes is an autoimmune disease in which the insulin producing cells of the pancreas no longer produce insulin resulting in a deficiency of insulin. The daily regimen for managing Type 1 diabetes includes blood glucose monitoring, insulin injections and management of high and low blood glucose levels.

Blood Glucose Monitoring

Blood Glucose Target Range: _____ - _____ **mg/dl**

Meter Type: _____

- Blood Glucose Testing Times: _____
(pre-meal; pre-exercise)
- PRN Blood Glucose Testing Symptom of Hypoglycemia/Hyperglycemia
- Permission to test independently (classroom).
- Supervision of testing/results
- Student will need assistance with testing and blood glucose management.
- Results sent home: _____

Diabetes Medication

- No insulin at school: Current Regimen at home: 3 shots/day 2 shots/day Insulin at home: _____
- Insulin at school:

Current Regimen: Pumper/Humalog/Novolog Lantus/Humalog/Novolog

The insulin given at school is: Humalog Novolog

- Dose calculation based on food intake and current blood glucose (see scale below)
- **Meal bolus** _____ # units of insulin/carbohydrate choice (15GM)
- **Blood glucose correction scale:** _____ unit/ _____ points BG is > _____
(Correction bolus can be given with meals or every 3 hours if blood glucose levels are high)

Blood Glucose Value	Units of Insulin
Less than 100	
100-150	
151-200	
201-250	
251-300	
301-350	
351-400	
More than 400	

Note: Insulin dose is a total of meal bolus and correction bolus.

- Parent may adjust insulin doses as needed.

Device Used: Pen (recommend for school setting) Syringe Pump

(Note: insulin pens expire 28 days after opening, NPH pen cartridges expire after 14 days, insulin vials 30 days after opening, unopened vials/cartridges may be used through manufacturer expiration dates.)

My Meal Plan

15 Grams of carbohydrate = 1 carbohydrate choice

- Meal plan variable
- Meal plan prescribed (see below)
- Breakfast: time: _____ # carb choices = _____
- Morning Snack time: _____ # carb choices = _____
- Lunch time: _____ # carb choices = _____
- Afternoon Snack Time: _____ # carb choices = _____
- Plan for pre-activity snacks: _____
- Plan for after-school activities: _____

Hypoglycemia

Low Blood Glucose < = _____ **mg/dl**

- If able, check blood glucose
- **Immediately** treat with 15 gm of fast-acting carbohydrate ex: (4 oz. juice, 4 oz. REGULAR pop, 3-4 glucose tabs 8 oz. skim milk.) – in classroom
- Recheck blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low.
- If more than 1 hour until next meal or snack student should have another 15 gm of carbohydrate.
- If child will be participating in additional exercise or activity before the next meal provide an additional carbohydrate choice.

Severe Hypoglycemia

**If the child is unconscious or having seizures due to low blood glucose immediately administer injection of:
Glucagon _____ mg (glucagon emergency kit)**

- Immediately after administering the Glucagon, turn the child onto their side. Vomiting is a common side effect of Glucagon.
- Notify parent and EMS per protocol

Hyperglycemia

High Blood Glucose > = _____ **mg/dl**

- High blood glucose is generally not an emergency. If the student is feeling ill or has persistent high blood glucose levels urine ketones should be checked.
- If ketones are present encourage water and notify parent
- Do not exercise to lower blood glucose if ketones are present.
- If child is vomiting notify parent.
- Ketostix at school for prn use.
- Unlimited bathroom pass.
- Notify parent immediately of blood glucose** > _____

Exercise

Exercise improves insulin sensitivity and the duration and intensity of exercise will influence blood glucose levels. To avoid hypoglycemia the student may need to eat an additional carbohydrate snack before exercising. If a child will be exercising for more than 30-45 minutes they may need an additional carbohydrate before exercising. Do not exercise if ketones are present

Communicate with phy-ed teachers and coaches student symptoms of hypoglycemia and plan for prevention, recognition and treatment of symptoms.

Special Occasions

- Class parties: Notify parent of party ahead of time if possible. The child should be given the same food as everyone else and notify parent this occurred.
- Arrange for appropriate monitoring and access to supplies for field trips.

Authorization for medications and diabetes procedures:

Date: _____ **Authorized by:** _____ **MD/PNP**

Provider: _____ **Contact number:** _____

Parent Signature: _____ **Child Signature (if applicable):** _____

Diabetes management at school resources:

NDEP (National Diabetes Education Program) Guidelines: www.ndep.nih.gov

Minnesota Supplement: www.minnesotaschoolnurses.org

Toll free: 1-800-438-5383