

Wyandotte Public Schools
School Based Health Plan for the Student with Diabetes

School: _____ School Year: _____

**Section 1
TO BE COMPLETED BY PARENT/GUARDIAN**

Student Name: _____ DOB: _____

Address: _____

Parent/Guardian: _____

Home Phone: _____ Work: _____ Cell: _____

Symptoms: (check student's usual symptoms)

Hypoglycemia (low blood sugar)	Hyperglycemia (high blood sugar)
<input type="checkbox"/> Shakiness	<input type="checkbox"/> Headache
<input type="checkbox"/> Weakness	<input type="checkbox"/> Tiredness/fatigue
<input type="checkbox"/> Sweating	<input type="checkbox"/> Blurred vision
<input type="checkbox"/> Behavior changes	<input type="checkbox"/> Dry, itchy skin
<input type="checkbox"/> Headache	<input type="checkbox"/> Flu-like aches
<input type="checkbox"/> Lack of coordination	<input type="checkbox"/> Sweet, fruity breath
<input type="checkbox"/> Irritability/personality changes	<input type="checkbox"/> Stomach pain/nausea/vomiting
<input type="checkbox"/> Confusion/unclear thinking	<input type="checkbox"/> Loss of consciousness/coma
<input type="checkbox"/> Loss of consciousness/seizure	<input type="checkbox"/> Increased thirst/increased urination
<input type="checkbox"/> Other _____	<input type="checkbox"/> Increased or decreased appetite
	<input type="checkbox"/> Other _____

**Section 2
TO BE COMPLETED BY STUDENT'S PHYSICIAN**

Target glucose range: _____

Glucose testing to be done:

- Prior to lunch
- Before to Physical Education
- Prior to snack
- After Physical Education
- When symptomatic
- Other (please explain) _____

Can student perform their own blood glucose checks? Yes No
Exceptions: May need help if blood glucose is low.

Does student need supervision for glucose checks? Yes No

Low Blood Sugar:

1. Test blood sugar

- a. If blood sugar is under _____, treat with _____ grams of quick carbohydrates.
- b. If blood sugar is under _____, treat with _____ grams of quick carbohydrates.
- c. If blood sugar is under _____, treat with _____ grams of quick carbohydrates.

2. Recheck blood sugar and treat every 15 minutes until above _____.

4 oz of juice = 3-4 glucose tablets = 15 grams of quick carbohydrates
8 oz of juice = 6-7 glucose tablets = 30 grams of quick carbohydrates