

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

Severe Low Blood Sugar: Unconsciousness, seizure

1. Stay with student, place on side, protect from injury
2. Do not put anything in student's mouth
3. Administer Glucagon, if ordered. (Please see school district medication form)
4. Call 911
5. Suspend or remove insulin pump (if worn)
6. Call parents

For students of Insulin shots:

Lunchtime dose: Type: _____ Pen _____ Syringe _____
_____ Sliding Scale (Physician needs to specify on attached medication authorization form)
_____ Set dose: _____ units
_____ Flexible dose: insulin/carbohydrate ratio _____ Correction factor _____

- Can student determine correct amount of insulin? Yes No
Can student draw correct dose of insulin? Yes No
Can student give own injections? Yes No
Are parents authorized to adjust the insulin dosage? Yes No

For students of Insulin pumps:

Type of pump: _____ Type of Insulin in pump: _____
Insulin/carbohydrate ratio: _____ Correction factor _____ Insulin sensitivity _____

Can student do the following pump skills?

- | | | | |
|-------------------------|--|----------------------|--|
| Count carbohydrates | <input type="checkbox"/> Yes <input type="checkbox"/> No | Disconnect pump | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bolus for carbohydrates | <input type="checkbox"/> Yes <input type="checkbox"/> No | Reconnect pump | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bolus for correction | <input type="checkbox"/> Yes <input type="checkbox"/> No | Set temporary basal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insert infusion set | <input type="checkbox"/> Yes <input type="checkbox"/> No | Manage pump problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For Students on oral antidiabetic medication:

Medication Name _____ Dose _____ Time given _____

High Blood Sugar readings:

If blood sugar is above _____,

- | | |
|--|--|
| <input type="checkbox"/> no intervention at this time, return to class | <input type="checkbox"/> allow use of bathroom as needed |
| <input type="checkbox"/> give extra insulin based upon correction factor | <input type="checkbox"/> encourage exercise |
| <input type="checkbox"/> give extra water or sugar free drinks | <input type="checkbox"/> inform parents |

In addition to the above instructions, if blood sugar is above _____,

- Have student check urine ketones if strips are available. If positive,
- | | |
|--|---|
| <input type="checkbox"/> call parent | <input type="checkbox"/> give at least 8 ounces of water every hour |
| <input type="checkbox"/> recheck ketones at next urination | <input type="checkbox"/> no exercise or physical education |

_____ Physician Signature	_____ Date	_____ Parent Signature	_____ Date
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