AUSTIN PUBLIC SCHOOLS INDIVIDUAL HEALTH CARE PLAN 2020-2021

Name	:			DO	B:			Grade:			
1 (4111)	* 1			1201	_•	1					
DIAGNOSIS/CONDITION: DIABETES MELLITUS Age of onset:											
	Hunger or "butterfly feelings"					Blurred vision		Dizzy			
St	omach ache, nausea or			ing		Sweaty or pale		Irritable			
Ra	apid heart rate		Unconsciousr	ness		Weak/drowsy		Anxious			
Di	ry mouth- thirsty		Sleepy or fain	iting		Inappropriate		Seizure			
1	Severity of symptoms of	can c			pidly	progress to a life-threa	tenin	g situation!			
	NEVER SEND STUDENT WITH ANY OF THE ABOVE SYMPTOMS ANYWHERE ALONE!										
T T	N 10 1 4	-	•			T DI IC		•			
Low E	Blood Sugar: less than Give 15 grams of carbohydrates	, D	ut conscious		l	Low Blood Sugar					
pop or 3-4 glucose tabs) Wait 10 minutes Recheck blood sugar If still less than give 15 more grams of carbs Wait 10 more minutes Recheck blood sugar Repeat until blood sugar is or more and student is student may need a snack if their next meal is over an laway.				nt is ale	ert,	 Give instant glucose – please circle preferenchoice Glucose Gel or Glucagon (only LSN/RN/Limay give glucagon and there must be a physician's order at school) Turn student on side Call 911 Call parent Stay with student Other: 					
	High Blood Sugar: more	e tha	an:								
	Check ketones										
	Offer drinks that do not contain carbohydrates (water, sugar free soda, crystal light)										
	Call parent										
	Other:										
	<u> </u>		<mark>t mealtime: _</mark>			Date Issued:					
	ction Scale (Provide indications	for u	se)								
BS BS											
BS			=								
BS			=								
BS			=								
BS											
BS BS			<u> </u>								
	school routines/Classroom in	forn	nation/Accom	moda	tions	(to be filled out by health	office	staff):			
	Lunch time:					<u>, </u>					
	Recess times (Elementary only)):	AM	Pl	M						
	Physical Education Elementary		Time:	:	D	Days of the week:					
	Physical Education Secondary All year:1 st Semester:2 nd Semester: Time of day:							day:			
	Unlimited access to drinking water (if a container is needed it will be provided by the parent)										
	Bathroom privileges when medically necessary										
	Blood sugar testing as needed Set testing times:										
	Regularly scheduled snacks, if applicable: AM PM										
	Re-take tests as needed for blood sugar imbalances										
-	Other:										

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Equipment and supplies provided by parent:

- Blood sugar meter kit (includes all blood testing supplies for use at school)
- Insulin (in unopened original container)
- Ketostix

minutes or less before the end of the day.

- Glucagon if ordered by physician and the parent makes it available
- Fast acting carbohydrate drink and Glucose tablets or glucose gel product
- 5-6 pre-packaged snacks (crackers and cheese or peanut butter, etc.)
- Signed and dated sliding scales/bolus correction
- Storage location (to be filled out by health office staff):

	g (
Extra :	snacks/ parties (check all that apply):
	Child will eat treat
	Teacher/staff will notify parent prior to activity
	Treat will be replaced with parent-supplied alternative
	Schedule extra insulin per pre-arranged plan (parent must provide in writing what plan will be with their signatures and the date the plan is for)
	Other

Students who ride the bus: If a low blood glucose episode occurs 30 minutes or less prior to departure, the designated staff or						
nurse (if in the building) will.						
Call parent to inform of episode (regardless if blood glucose returns to normal or not)						
Allow child to ride the bus home if blood glucose returns to normal						
Call parent to pick up child (students will not be sent on the bus with a low blood glucose)						
Other:						
If student is totally independent in care it is the student's responsibility to alert staff of high or low blood glucose occurring 30						
minutes or less before the end of the day.						
Students who drive to school (high school only) (check all that apply)-If a low blood glucose episode occurs 30 minutes or less						
prior to departure student will:						
Treat mild hypoglycemia, wait 10 minutes and retest. If blood glucose returns to normal student will drive home.						
Call parent to inform of episode						
Call parent to pick up student if blood sugar does not return to normal. *Students with low blood glucose or high blood						
glucose with a large amount of ketones will not be allowed to drive home.						
Other:						
If the student is totally independent in care it is the student's responsibility to alert staff of high or low blood sugar occurring 30						

Field 7	<mark>Ггірs</mark>
	Totally Independent
	Parent accompanies child on field trip
	Other:

Copy given to	Date			

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Name:			DOB:			G	rade:		
Please put an X in the box that be marked as independent an RN or LSN	I from the Aus	tin Pu	ıblic Schools w	rill verify compe	tency	with the stu	dent.)		
**In order for activity to be marked as independent studen For Students Wearing a Pump			student must b	Does it		Does it with	h He	alth	Health
				independen	tly	supervisio		needs ssist	staff performs
Washes hands							•		
Puts strip in monitor									
Pricks finger: How often should lance	t be changed?								
Reads monitor									
Records results/enters amount into pu	mp								
Able to determine amount of carbs									
Give correct bolus for carbs									
Calculate and administer correction b	olus								
Calculate and set temporary basal rate	2								
Recognize signs/symptoms of site inf	ection								
Disconnect pump if necessary									
Reconnect pump infusion set									
Prepare reservoir and tubing									
Insert new infusion set									
Give injection with syringe or pen, if	needed								
Troubleshoot alarms and malfunction	S								
				l					
Health Care Provider: Clin			Clinic:	Phone:					
Hospital:				Phone:					
Person to Contact		Relationshi		Home Pho		ıe	Work/	Work/Alt. Phone	
1.			•						
2.									
3.									
Parent Signature:						Datas			
Parent Signature:					1	Date:			
OFFICE USE ONLY									
Plan Initiated by:			Date	:					
Plan Reviewed/Updated by:			Date	Date:					
			Date	:					
			•						

If 911 is needed – get a phone line, dial 9-911 (from a school phone) – Notify office when 911 is called.