



Date of Plan: _____

Diabetes Plan of Care

Form to be completed by Parents/Guardians and Child's Health Care Provider.

School Year _____

Student's Name _____ Date of Birth _____

Grade _____ Homeroom Teacher _____

Diabetes, Type 1 Diabetes, Type 2

Contact Information

Mother/Guardian _____

Telephone: Home _____ Work _____ Cell _____

Father/Guardian _____

Telephone: Home _____ Work _____ Cell _____

Student's Doctor/Health Care Provider:

Name _____

Address _____

Telephone _____ Emergency Number _____

Other Emergency Contacts:

Name _____ Relationship _____

Telephone: Home _____ Work _____ Cell _____

Name _____ Relationship _____

Telephone: Home _____ Work _____ Cell _____

Please remember to let your child's school know of any changes to the contact information as soon as possible.

Blood Glucose Monitoring

Target Range for Blood Glucose 70-150 70-180 Other _____

Usual times to check blood glucose _____

Times to do extra blood glucose checks *(check all that apply)*

Before exercise

After exercise

When student exhibits symptoms of hyperglycemia

When student exhibits symptoms of hypoglycemia

Other (Explain) _____

Can student perform own blood glucose checks? Yes No

Insulin

Bolus Insulin (Rapid-acting insulin analog: Humalog/Novolog/Apidra insulin) given before eating meals and snacks

1 Food bolus for carbohydrates eaten: $\frac{\text{Total grams of carbohydrate}}{[\quad]}$

2 Correction bolus for high blood sugar $\frac{\text{Current blood sugar level} - [\quad] \text{ mg/dl}}{[\quad]}$

Correction bolus for high blood sugar should **NOT** be given less than 3 hours apart

The student may administer his/her own insulin and is competent to do so.

Insulin Dose **Injections:** Please supervise to make sure the insulin dose is calculated and drawn up accurately and insulin injection is administered correctly.

Insulin Pump: Please supervise to make sure blood sugar level and carbs are entered into pump correctly and appropriate insulin bolus is administered.

Yes No Parental authorization should be obtained before administering a correction dose for high blood glucose levels

Parents are authorized to adjust the insulin dosage under the following circumstances:

Insulin Pump Information

Parents will provide School Health Office with a copy of the pump's operation guide.

Type of pump _____ Basal Rates _____ 12 am to _____

Type of insulin in pump _____
Type of infusion set _____

Does student need assistance

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

Student Pump Abilities/Skills

- Bolus correct amount for carbohydrates consumed
- Calculate and administer corrective bolus
- Calculate and set temporary basal rate
- Disconnect pump
- Reconnect pump at infusion set
- Prepare reservoir and tubing
- Insert infusion set
- Troubleshoot alarms and malfunctions

Oral Diabetes Medication

Name: _____ Dosage _____

Meals and Snacks at School

- Yes No Is student independent in carbohydrate calculations and management?
- Yes No Snack before exercise?
- Yes No Snack after exercise?

Preferred snack foods _____

Foods to avoid, if any _____

Instructions when food is provided in the classroom for such events as parties: _____

Exercise and Sports

Yes No A fast-acting carbohydrate should be available at the site of the event, if yes please specify type:

Yes No **Restrictions on activities**, if yes please specify:

Yes No Student should not exercise if blood glucose level is below _____ mg/dl

Yes No Student should not exercise if blood glucose level is above or _____ mg/dl if moderate to large ketones are present

Hypoglycemia (Low Blood Sugar)

Causes of low blood sugar levels:

- ▶ Missed or delay in eating a meal or snack or not eating all the carbohydrates allotted
- ▶ Extra exercise without a change in the meal plan or insulin amount

How a student may feel: *(check all that apply)*

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Shaky | <input type="checkbox"/> Hungry | <input type="checkbox"/> Weak |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Tired | <input type="checkbox"/> Hard to think |
| <input type="checkbox"/> Dizzy | <input type="checkbox"/> Sick to stomach | <input type="checkbox"/> Sweaty |

How the student may look or act: *(check all that apply)*

- | | | |
|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Sleepy | <input type="checkbox"/> Pale | <input type="checkbox"/> Grouchy |
| <input type="checkbox"/> Whiny | <input type="checkbox"/> Glassy eyed | <input type="checkbox"/> Clumsy |
| <input type="checkbox"/> Other (specify) _____ | | |

▶ **What to do if the student looks, acts or feels that the blood sugar level is too low:**

1. **Check blood sugar level**, if you can. If you cannot check the blood sugar level assume that the behavior is caused by a low blood sugar level.

Never send a student who may have a low blood sugar level to the Health Office alone

2. Give "Quick Sugar" if the blood sugar level is 80 mg/dl or below

15 grams for levels 70-80 mg/dl

30 grams for levels of less than 70 mg/dl

Can use glucose tablets, juice, honey, cake icing

Rub the glucose gel or cake icing into the gums if the student refuses the "quick sugar" but is alert and able to swallow without choking.

Re-check the blood sugar level if the student is still symptomatic after 10-15 minutes.

Give more "quick Sugar" if the blood sugar level is 80 mg/dl or below

3. Give the regularly scheduled meal or snack once the signs or symptoms of low blood sugar level are gone or the blood sugar level is above 80 mg/dl.
4. Notify the parent/guardian of the low blood sugar level. A change in insulin dose or meal plan may be needed.

Severe Hypoglycemia (Low blood sugar level)

What to do if the student has a seizure, loses consciousness or can not swallow without choking:

1. Make sure the student does not injury her/himself
2. Turn the student on the side to prevent vomit or spit from entering the lungs
3. Administer Glucagon 0.5 mg(0.5mL) SQ/IM, if student is under 50 pounds
3. Administer Glucagon 1.0 mg (1.0mL) SQ/IM, if student is 50 pounds and over.
4. Call 9-1-1
5. Call the parents/guardians

Hyperglycemia (High Blood Sugar)

Causes for high blood sugar:

- ▶ Eating more carbohydrate than planned
- ▶ An illness or emotional stress
- ▶ Not taking enough insulin or missed insulin injection

How the student may feel, act or look: *(check all that apply)*

- Drink more Urinate more Headache Tired
 Other (specify) _____

▶ What to do if the student looks, acts or feels that the blood sugar level is too high:

1. Check the blood sugar level.
2. Check the urine or blood for ketones, if the blood sugar level is above 300 mg/dl or if the student is ill.
3. Increase the intake of sugar-free fluids. The student will need access to water.
4. Give extra insulin if ordered (see Insulin dose section on page two for instructions)
5. Do not withhold food if the blood sugar level is too high.
6. Contact the parents/guardians
 - When the urine ketone level is moderate or large.
 - When blood ketone level is greater than 0.6.
 - When student is nauseated or vomiting.

Please contact the parents/guardians first if problems, concerns or questions arise. Please contact us if we can be of assistance or you are unable to reach the parent/guardian.

Signatures

This Diabetes Plan of Care has been approved by:

Student's Physician/Health Care Provider

Date

I give permission to the school health aide, trained diabetes personnel, and other designated staff members of [_____] school to perform and carry out the diabetes care tasks as outlined by child's Diabetes Plan of Care. I also consent to the release of the information contained in this Diabetes Plan of Care to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Student's Parent/Guardian

Date