

# INDIVIDUALIZED SCHOOL HEALTH CARE PLAN: DIABETES

Date: \_\_\_\_\_

Student \_\_\_\_\_ Date of birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Other) \_\_\_\_\_

Additional emergency contact information \_\_\_\_\_

Diabetes Care Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Diabetes Nurse Educator \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Hospital of choice \_\_\_\_\_

**ROUTINE MANAGEMENT** Target Blood Sugar Range \_\_\_\_\_ to \_\_\_\_\_

## Required blood sugar testing at school:

- Trained personnel must perform blood sugar test
- Trained personnel must supervise blood sugar test
- Student can perform testing independently

## Times to do blood sugar:

- Before lunch
- After lunch
- Before P.E.
- After P.E.
- As needed for signs/symptoms of low or high blood sugar

Call parent if values are below \_\_\_\_\_ or above \_\_\_\_\_

## Medications to be given during school hours:

Oral diabetes medication(s)/dose \_\_\_\_\_ Time to be administered: \_\_\_\_\_

Sliding scale:

To be administered immediately:

Insulin (subcutaneous injection) using Humalog / NovoLog / Regular (circle type)	Before lunch	After lunch
____ Unit(s) if lunch blood sugar is between ____ and ____	<input type="checkbox"/>	<input type="checkbox"/>
____ Unit(s) if lunch blood sugar is between ____ and ____	<input type="checkbox"/>	<input type="checkbox"/>
____ Unit(s) if lunch blood sugar is between ____ and ____	<input type="checkbox"/>	<input type="checkbox"/>
____ Unit(s) if lunch blood sugar is between ____ and ____	<input type="checkbox"/>	<input type="checkbox"/>

Insulin/Carb Ratio \_\_\_\_ Unit for every \_\_\_\_ grams of carbohydrate eaten, plus \_\_\_\_ unit(s) for every \_\_\_\_ mg/dl points above \_\_\_\_ mg/dl

Student can draw up and inject own insulin  Student cannot draw up own insulin but can give own injection

Trained adult will draw up and administer injection  Student can draw up but needs adult to inject insulin

Student is on pump  Student needs assistance checking insulin dosage

Glucagon (subcutaneous injection) dosage (see Chapter 6); dosage = \_\_\_\_ cc

## Diet:

Lunch time \_\_\_\_\_ Scheduled P.E. time \_\_\_\_\_ Recess time \_\_\_\_\_

Snack time(s) \_\_\_\_ a.m. \_\_\_\_ p.m. Location that snacks are kept \_\_\_\_\_ Location eaten \_\_\_\_\_

Child needs assistance with prescribed meal plan (see attached) . Parents/Guardian and student are responsible for maintaining necessary supplies, snacks, testing kit, medications and equipment.

## Field trip information:

1. Notify parent and school nurse in advance so proper training can be accomplished.
2. Adult staff must be trained and responsible for student's needs on field trip.
3. Extra snacks, glucose monitoring kit, copy of health plan, glucose gel or other emergency supplies must accompany student on field trip.
4. Adults accompanying student on a field trip will be notified on a need to know basis.

## People trained for blood testing and response:

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

## Permission signatures:

As parent/guardian of the above named student, I give permission for use of this health plan in my student's school and for the school nurse to contact the above providers regarding the above condition. Orders are valid through the end of the current school year.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_