

Diabetes Overview: Type 1 diabetes is an autoimmune disease in which the insulin producing cells of the pancreas no longer produce insulin, resulting in a deficiency of insulin. The daily regimen for managing Type 1 diabetes includes blood glucose monitoring, insulin, and management of high and low blood glucose levels.

Blood Glucose Monitoring

Blood Glucose Target Range: _____ - _____ **mg/dl**

- Blood Glucose Testing Times: _____ Test times per parent request _____
(Pre-meal; pre-exercise)
- PRN Blood Glucose Testing Symptom of Hypoglycemia/Hyperglycemia
- Permission to test independently Supervision of testing/results Trained personnel must perform blood glucose test
- Results sent home per parent request
- Student is wearing a continuous glucose sensor

Diabetes Medication

No insulin at school: Current Regimen at home: Multiple shots/day Insulin at home: _____

Insulin at school:

Current Regimen: Pump Basal/Bolus Other

Other diabetes medication at school: _____

The insulin given at school is: Humalog Novolog Apidra Other: _____

- Permission to administer insulin independently Verify insulin dose and supervise injection/doses
- Injections/Insulin Doses should be done by trained personnel
- Follow dosage calculator program in the insulin pump
- In case of pump failure: Step 1: Contact Family for recommendations
Step 2: If unable to contact family and need to give injections, follow dosing listed below
- Dose calculation based on food intake and current blood glucose (see scale below)
- Meal bolus 1 unit/_____grams of carbohydrate
- Other meal/snack dose as prescribed: _____
- Blood glucose correction scale: _____unit/_____ points BG is > _____

***Correction bolus can be given with meals or every 3 hrs if blood glucose levels are high; Do not give insulin for blood glucose if rapid acting insulin has been given in the last 3 hrs but cover carbohydrates as needed**

Blood Glucose Value	Units of Insulin	Blood Glucose Value	Units of Insulin

Note: Insulin dose is a total of meal bolus and correction bolus (if correction dose is warranted).

Parent authorized to adjust insulin doses as needed.

Device Used: Pen (recommend for school setting) Syringe Pump

(Note: insulin pens expire 28 days after opening, insulin vials 30 days after opening, unopened vials/cartridges that are stored in the refrigerator may be used through manufacturer expiration dates.)

My Meal Plan

- Meal plan variable Specific meal plan: _____
- Celiac diet (requires gluten-free foods)

Name: _____ **DOB:** _____

Provider: _____

Hypoglycemia

Low Blood Glucose <= _____ **mg/dl**

- If able, check blood glucose
- **Immediately** treat with 15 gm of fast-acting carbohydrate (ex. 4 oz. juice, 4 oz. REGULAR pop, 3-4 glucose tabs 8 oz. skim milk.) in classroom.
- Recheck blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low.
- If child will be participating in additional exercise/activity before the next meal, follow exercise guidelines listed below.
- Notify parent of low blood sugars.

Severe Hypoglycemia

If the child is unconscious or having seizures due to low blood glucose immediately administer injection of Glucagon Emergency Kit:

- Less than 6 yrs: 0.3 mg or 30 units on insulin syringe
- 6-18 yrs: 0.5 mg
- Over 18 yrs: 1 mg
 - Immediately after administering Glucagon, turn child onto their side. Vomiting is a side effect of Glucagon.
 - Notify parent and EMS per protocol

Hyperglycemia

- High blood glucose is generally not an emergency.
- Check ketones if:
 - Sick
 - **Patient on injections:** if blood sugar greater than 300 twice in a row
 - **Patient on pump:** if blood sugar is greater than 300
- If ketones are present encourage water and notify parent
- Do not exercise to lower blood glucose if ketones are present.
- If child is vomiting notify parent.
- Ketostix at school for as needed use.
- Unlimited bathroom pass.
- Notify parent immediately of blood glucose >300 with positive ketones**
- Refer to the attached DKA Prevention Protocol for BG >300, sick-day, and ketone management.**

Exercise

Exercise improves insulin sensitivity, and the duration and intensity of exercise will influence blood glucose levels. If a child will be exercising for 30-60 minutes, to avoid hypoglycemia, the student may need to eat an additional carbohydrate snack (approx. 15grams) before exercising, without insulin coverage. Discuss specific exercise plan with family. Do not exercise if ketones are present. **Communicate with phy-ed teachers and coaches the student's specific symptoms of hypoglycemia, plan for prevention, recognition, and treatment of symptoms.** If using an insulin pump, student may need to disconnect the pump for vigorous activities and place the pump in a safe place where it will not be damaged.

Special Occasions

- Class parties: Notify parent of party ahead of time if possible. The child should be given the same food as everyone else and notify parent this occurred. Follow insulin orders for any carbohydrates eaten.
- Arrange for appropriate monitoring, access to supplies and plan for management of hypoglycemia for all field trips.

Authorization for medications and diabetes procedures:

Date: _____ Authorized by: _____ MD/PNP

Parent Signature: _____ Child Signature (if applicable): _____

Diabetes management at school resources:

NDEP (National Diabetes Education Program) Guidelines: www.ndep.nih.gov

Toll free: 1-800-438-5383

Minnesota Supplement: www.minnesotaschoolnurses.org