

## Individualized Health Care Plan (IHCP) Diabetes

**Date of Plan:** \_\_\_\_\_

**I. Effective Dates:** \_\_\_\_\_

This plan should be completed by the student's personal health care team and parents/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that is easily accessed by the school nurse, trained diabetes personnel, and other authorized personnel.

Student's Name	
DOB:	
Date of Diabetes Diagnosis:	
Grade:	
Homeroom Teacher:	

Physical Condition:     Diabetes type 1                       Diabetes type 2

### II. Contact Information

Mother / Guardian:	
Address:	
Telephone:	Home: Work: Cell:
Father / Guardian:	
Address:	
Telephone:	Home: Work: Cell:

Student's Doctor/Health Care Provider:

Physician's Name:	
Address:	
Office Telephone:	
Emergency Telephone:	

Notify parents/guardian or emergency contact in the following situations:

### III. Action Plan

#### Blood Glucose Monitoring

Target range for blood glucose is (check one)	<input type="checkbox"/>	70-150	<input type="checkbox"/>	70-180	<input type="checkbox"/>	Other: _____
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Usual times to check blood glucose \_\_\_\_\_

Times to do extra blood glucose checks ("X" all that apply):

<input type="checkbox"/>	Before exercise
<input type="checkbox"/>	After exercise
<input type="checkbox"/>	When student exhibits symptoms of <u>hyperglycemia</u>
<input type="checkbox"/>	When student exhibits symptoms of <u>hypoglycemia</u>
<input type="checkbox"/>	Other (explain): _____

Can student perform own blood glucose checks? \_\_\_\_\_ YES \_\_\_\_\_ NO

Exceptions:

Type of blood glucose meter student uses: \_\_\_\_\_

**Insulin Usual Dose**

See Doctor's Order

**Insulin Correction Doses**

Notify parent before administering a correction dose for high blood glucose levels. \_\_\_\_\_ YES \_\_\_\_\_ NO

	units if blood glucose is		to		mg/dl
	units if blood glucose is		to		mg/dl
	units if blood glucose is		to		mg/dl
	units if blood glucose is		to		mg/dl
	units if blood glucose is		to		mg/dl
	units if blood glucose is		to		mg/dl

Can student give own injections? \_\_\_\_\_ YES \_\_\_\_\_ NO

Can student determine correct amount of insulin? \_\_\_\_\_ YES \_\_\_\_\_ NO

Can student draw correct dose of insulin? \_\_\_\_\_ YES \_\_\_\_\_ NO

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

\_\_\_\_\_

## Insulin Pumps

Basal rate: \_\_\_\_\_ 12 am to \_\_\_\_\_

Type of Pump: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Type of insulin in pump:	
Type of infusion set:	
Insulin/carbohydrate ratio:	
Correction factor:	

Student Pump Abilities / Skills	Does student need assistance?		
Count carbohydrates		YES	NO
Bolus correct amount for carbohydrates consumed		YES	NO
Calculate and administer corrective bolus		YES	NO
Calculate and set basal profiles		YES	NO
Calculate and set temporary basal rate		YES	NO
Disconnect pump		YES	NO
Reconnect pump at infusion set		YES	NO
Prepare reservoir and tubing		YES	NO
Insert infusion set		YES	NO
Troubleshoot alarms and malfunctions		YES	NO



## Exercise and Sports

A fast-acting carbohydrate such as \_\_\_\_\_ should be available at the site of exercise or sports.

Restrictions on activity, if any : \_\_\_\_\_

Student should not exercise if blood glucose level is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl or if moderate to large urine ketones are present.

### Hypoglycemia ( Low Blood Sugar) SEE EMERGENCY PLAN ALGORITHM

Usual Symptoms of hypoglycemia:	
Treatment of hypoglycemia:	

<b>RAISE BLOOD GLUCOSE TO TARGET RANGE OF</b>	
<b>DO NOT DISCHARGE STUDENT BACK TO CLASS UNTIL BLOOD GLUCOSE IS</b>	
<b>RE-CHECK BLOOD GLUCOSE AGAIN</b>	

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow.

- Route:
- Dosage:
- Site for glucagon injection: \_\_\_ arm, \_\_\_ thigh, \_\_\_ other.

If glucagon is required, administer it promptly. Then call 911 ( or other emergency assistance) and the parents/ guardian.

Action to do after glucagon injection: \_\_\_\_\_

### Hyperglycemia ( High Blood Sugar) SEE EMERGENCY PLAN ALGORITHM

Usual Symptoms of hyperglycemia:	
Treatment of hyperglycemia:	

Urine should be checked for ketones when blood glucose levels are above \_\_\_\_mg/dl.

Treatment for ketones: \_\_\_\_\_

DISCHARGE STUDENT BACK TO CLASS WHEN BLOOD GLUCOSE IS :	
RE-CHECK BLOOD GLUCOSE AT:	

**SUPPLIES TO BE KEPT AT SCHOOL AND PROVIDED BY PARENT / GUARDIAN:  
(supply check by school nurse to be done daily)**

	BLOOD GLUCOSE METER, BLOOD GLUCOSE TEST STRIPS, BATTERIES FOR METER
	LANCET DEVICE, LANCETS, GLOVES, ETC
	BLOOD OR URINE KETONE TEST STRIPS
	INSULIN SYRINGES
	INSULIN PUMP SUPPLIES: EXTRA INFUSION SET, EXTRA INSERTION SET
	INSULIN PEN, PEN NEEDLES, INSULIN CARTRIDGES
	FAST ACTING SOURCE OF GLUCOSE
	CARBOHYDRATE-CONTAINING SNACK
	GLUCAGON EMERGENCY KIT

**IV. Plan Review**

Initial plan date	
List review dates	

## V. Documentation

Names listed below participated in the development of this plan:

Parent \_\_\_\_\_  
Physician \_\_\_\_\_  
School Administrator \_\_\_\_\_  
School Nurse Signature \_\_\_\_\_

## VI. Authorization

We (I) the undersigned parent (s) of \_\_\_\_\_ request and approve this IHCP regarding our child. We agree to inform the school of any changes in our child's health status, our demographic information, if we change physicians or in the event that a change/addition/deletion of any component of this plan is necessary.

In the event of a medical emergency, I give permission for my child to be transported by emergency medical personnel to the hospital for treatment. I understand this care plan will be released to the emergency personnel.

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