CONFIDENTIAL INFORMATION

DIABETES - Individual Health Plan (IHP)

According to Washington State Law (RCW 28A.210.320) the attendance of every child shall be conditioned upon the presentation before or on the child's first day of attendance a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at school. Once such an order has been presented, the child shall be allowed to attend school. Contact school if you have questions.

Student Name: ______________________________
DOB: ____________________ Grade: ____________
School: ____________________ Year: ____________
Teacher:

Other ID: 1040015 ☐ Walker ☐ Bus Rider Bus Number: ☐ Attends Extended Day ☐ AM ☐ PM
Bus Driver: Bus Route:

Parent/Guardian: Hm Phone: ____________
Address:

Guardian 1: Wk Phone: ____________________ Cell Phone: ____________
Guardian 2: Wk Phone: Cell Phone:
Physician/HCP: ____________________ Phone: ____________
Preferred Hospital: Allergies:

DIABETIC OVERVIEW

Diagnosis Date: ____________ ☐ Type 1 ☐ Type 2

Insulin Delivery: ☐ Syringe ☐ Pen ☐ Pump ☐ Other (Specify Brand & Model) ______________________________

See Health Care Provider's (HCP) order for detailed medical care and instructions

Blood glucose (BG) normal range from _______ to _______
Call parent if below ______ or above ______

DESIGNATED PDA? ☐ NO ☐ YES: Name: ____________________ Phone Number: ____________________

STUDENT'S SELF-MANAGEMENT SKILLS (DEFINITIONS BELOW)

	Full Support	Supervision	Self-Care
Glucose Monitoring: Meter	☐	☐	☐
CGM ☐ (Requires Calibration)	☐	☐	☐
Carbohydrate Counting	☐	☐	☐
Insulin Administration: Syringe	☐	☐	☐
Pen	☐	☐	☐
Pump	☐	☐	☐
Can Calculate Insulin Doses	☐	☐	☐
Glucose Management: Low Glucose	☐	☐	☐
High Glucose	☐	☐	☐

Self-Carry Diabetes Supplies: ☐ Yes ☐ No Please specify items: _
Smart Phone: ☐ Yes ☐ No

Device Independence: ☐ CGM ☐ Interpretation & Alarm Management ☐ Sensor Insertion ☐ Calibration ☐ Insulin Pumps
☐ Bolus ☐ Connects/Disconnects ☐ Temp Basal Adjustment ☐ Site Insertion ☐ Cartridge Change

Full Support: All care performed by school nurse and trained staff (as permitted by state law).
Supervision: Trained staff to assist & supervise. Guide & encourage independence.
Self-Care: Manages diabetes independently. Support is provided upon request and as needed.

BLOOD GLUCOSE MONITORING (check all that apply)

☐ Before meals
☐ Before Snack
☐ Before recess
☐ Before edu. testing/assessment
☐ Before PE
☐ After PE/Activity
☐ Prior to dismissal
☐ Other: _
☐ For symptoms of hypo/hyperglycemia and anytime the student does not feel well

STUDENT'S SCHEDULE Arrival Time: Dismissal Time:

Meal Times:	Physical Activity:
☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Pre Dismissal Snack	☐ PE ☐ Recess ☐ Sports ☐ Additional Information:

BEFORE PE: (Day) (Time):

- If blood glucose is ____ or higher: No snack needed.
- If blood glucose is between ____ to ____ student needs to eat ____ gm carbs before PE.
- If blood glucose is under _____ student needs to eat ____ gm carbs before PE.

RECESS CONSIDERATIONS:

CONTINUOUS GLUCOSE MONITORING (CGM)

☐ No ☐ Yes Specify Brand & Model: _ Specify viewing equipment: ☐ Device Reader ☐ Smart Phone ☐ Smart Watch ☐ Insulin Pump ☐ Tablet or iPod ☐ Other: _ ☐ CGM is remotely monitored by parent/guardian. ☐ May use CGM for monitoring/treatment/insulin dosing per Health Care Provider's orders if device is FDA approved for dosing decisions, unless symptoms do not match reading.	Permit student access to viewing device at all times including during testing. Device must be within appropriate distance to mitigate the risk of data loss for students. • Permit access to school wi-fi for sensor data collection and data sharing. • Do not discard transmitter if sensor fails. Perform finger stick blood glucose (BG) if: • Glucose reading is below mg/dL or above mg/dL • If CGM reading is still below mg/dL 15 minutes following low treatment. • CGM sensor is dislodged or sensor reading is unavailable. • Sensor readings are inconsistent or in the presence of alerts/alarms. • Sensor readings are inconsistent with the symptoms the student is experiencing.

EMERGENCY INTERVENTION

Has student lost consciousness, experienced a seizure, or required Glucagon:☐ No ☐ Yes If yes, date of last event:_____________
Has student been admitted for DKA after diagnosis: ☐ No ☐ Yes If yes, date of last event: ______________________

Students **must** be accompanied by an adult when they are having symptoms or have a known low blood glucose

Hypoglycemia (Low Blood Sugar)

Hypoglycemia is defined as a blood glucose less than _______ g/dL

Indicate student's hypoglycemia symptoms

☐ Hunger	☐ Sweating	☐ Shakiness	☐ Paleness	☐ Dizziness
☐ Confusion/Loss of Coordination	☐ Personality Changes	☐ Headache	☐ Tired/Weakness	☐ Fast heartbeat
☐ Blurry Vision	☐ Inability to concentrate/Day dreaming	☐ Crying/Upset/Anxious/Irritable	☐ Passing-out/Loss of Consciousness	☐ Seizure
☐ Other				

Hypoglycemia Management (Low Blood Glucose)

Mild or Moderate Low Blood Glucose Management – Student is alert
Blood Glucose (BG) below _____ mg/dL.

- If student is conscious and able to swallow, immediately give _____ grams fast-acting carbohydrate (ie glucose tabs, juice) such as: ________________________
- Recheck blood glucose in 15 minutes
- Repeat carbohydrate treatment if blood glucose is still under 80 mg/dL or if student remains symptomatic. Recheck blood glucose in 15 minutes.
- If BG remains <u><70 mg/dL</u> or student is symptomatic, repeat carbohydrate treatment and call parent/guardian to come to school to pick up student.
- If BG is within individual target goals and it is not within 1 hour of lunch or snack time, may provide slow carb snack (ie cheese and crackers, peanut butter crackers, trail mix) of:
- If "prior to dismissal" is checked above or BG < notify parent/guardian. Additional dismissal instructions: ____

Do not give insulin to cover carbohydrates given to treat low blood glucose.

Severe Low Blood Glucose Management – Student is unconscious, unresponsive, difficulty swallowing, or seizing.

- **Call 911 and request paramedic response**
- Turn on side
- Don't attempt to give anything by mouth
- Administer glucagon (can only be administered by RN, parent, paramedic, or PDA)

☐ Glucagon Emergency Kit by injection Dose: ☐ 0.5 mg or ☐ 1 mg
☐ Gvoke by injection
☐ Gvoke HypoPen by Auto-injection
☐ Zegalogue (dasiglucagon) 0.6mg by Auto-injector
☐ Zegalogue (dasiglucagon) 0.6 mg by Pre_Filled Syringe
☐ BAQSIMI Nasal Glucagon 3mg (Can be delegated to trained staff)
☐ Other:
Call Nurse and parent/guardian

An adult must remain with student until help arrives.
If student is wearing an insulin pump, place pump in suspend/stop mode or disconnect tubing from infusion site. Keep pump with student.

Hyperglycemia (High Blood Sugar)

Hyperglycemia is defined as a blood glucose greater than _______ mg/dL

Indicate student's hyperglycemia symptoms

☐ Extreme thirst	☐ Frequent urination	☐ Blurry vision	☐ Hunger	☐ Headache
☐ Nausea/vomiting	☐ Mood changes/irritable	☐ Dry skin or mouth	☐ Tired/Weakness	☐ Stomach ache/abdominal pain/cramping
☐ Fruity breath	☐ Deep, rapid breathing			
☐ Other:				

Hyperglycemia Management (High Blood Glucose)

- For unexplained hyperglycemia blood glucose and ketones per HCP's orders.
- For student with pump, inspect tubing and infusion site
- Notify parent
- Correction with insulin as per HCP's orders for hyperglycemia. RETEST blood glucose in 1 hour.
- Encourage student to drink water and rest.

Ketones:

No exercise with positive ketones or if having nausea or abdominal pain

- If urine ketones are **TRACE/SMALL**, encourage water intake and return to classroom. Recheck blood glucose
- If urine ketones are **MODERATE/LARGE**, contact parent to pick student up from school

If "prior to dismissal" is checked above or BG > _____ notify parent/guardian. Additional dismissal instructions: ______________________________

SUPPLIES PARENT WILL PROVIDE (check all that apply)

Supplies	Location
☐ Blood glucose monitoring supplies (meter, strips, lancets, batteries, charger) ☐ Insulin and administration supplies ☐ Emergency 3-day supply of medication ☐ Insulin pump supplies (infusion set, reservoirs, syringes) ☐ Fast acting sugar snacks, carb/protein snacks ☐ Ketone strips ☐ Glucagon ☐ Other ______________________________	Supplies will be located:

INDIVIDUAL CONSIDERATIONS:

Parent/Guardian:

- Responsible for communicating individualized diabetic care needs and device training related to their student.
- If student attends extended day/childcare, clubs before & after school, evening, and summer activities, will notify the program director of their child's medication and health care needs.
- Provide additional supplies and snacks.
- Provide written number of carbohydrates contained in snack and lunch from home.
- Provide written notification to the nurse regarding dosing or insulin adjustments (Insulin to Carb Ratio (ICR), Correction Factor (CF), Target Blood Glucose.) Dosing adjustments require 24-hour prior written notice for implementation.
- Responsible for device needs related to management, setup, placement, or removal.

Classroom:

- Student will be escorted to health room if high/low blood glucose concerns/symptoms.
- Teacher to notify parent/guardian, nurse, PDA (if applicable), & office staff regarding change in class schedule, activities, field trips, parties, etc. to allow time to adjust insulin dosages or food appropriately.
- Allow for water, snacks, restroom breaks, and blood glucose testing.

ADDITIONAL INFORMATION

Parent: ______________________________ Date: ______________________

School Nurse RN: ___________________________ Date: ______________________

A copy of this plan will be kept in the Health Room and will be available to necessary staff in Skyward.

It is the teacher's responsibility to communicate medical concerns to their substitute teacher by placing a copy of each health plan in their sub file.

CONFIDENTIAL INFORMATION
SHRED PRIOR TO DISCARD