

Dear Parent/Guardian:

You have indicated that your student has a diagnosis of **Diabetes**. Attached is the **Individualized Health Care Plan, Diabetes Orders, and a Medication Form** in the event your student will be taking medication while at school. Please submit the Diabetes Orders and Medication form as appropriate to your physician for review and signature. Please note that all forms require some components to be completed and signed by the parent/guardian as well.

Return the completed forms to ensure that a plan is in place for your student prior to the beginning of the school year. This allows us to respond most effectively to your student's health care needs. Feel free to call or e-mail southhealth@hinsdale86.org with any questions or concerns.

SOUTHHEALTH@HINSDALE86.ORG

Emergency names and phone numbers are on Health Office card

Diabetes Orders

Place Child's Photo Here

Student's Name _____ DOB _____
School _____
Physician _____ Effective Date _____

Type of insulin: (circle one) Rapid or Short Acting: Apidra/Humalog/Novolog/Regular
Intermediate or Long-acting given at home: (circle one) NPH/Lantus/Levemir

Insulin to carbohydrate ratio (I:CR): _____ units/ _____ grams or Fixed insulin lunch dose _____
Parent may adjust I:CR by +/- 1 to 5 grams Yes/No (circle one)

Correction Factor (CF) (insulin sensitivity): CF: _____ units per _____ mg/dl over _____ mg/dl
(Correction Factor Formula: Student's BG minus Target BG ÷ correction factor = insulin dose)

Usual Insulin Dose Range _____. Target blood glucose range: 70-110 pre-meal. Other: _____

Insulin Pump: (if applicable)

Type: _____

Basal Rates:	Time:	Rate (units per hr)
	12:00 am =	_____
	_____	_____
	_____	_____
	_____	_____

Blood Glucose Monitoring (in classroom if possible) or Location _____

Before am snack	_____
Before lunch	_____
Before exercise	_____
After exercise	_____
Signs of low or high blood sugar	_____
Other	_____

Child is able to:

(Circle all that apply)

Test own glucose	Yes/No	Student should not exercise if blood glucose is
Determine insulin dose	Yes/No	BG is below _____ mg/dl or
Draw up insulin	Yes/No	above _____ mg/dl
Administer insulin dose	Yes/No	Snack before exercise Yes/No
Manage/troubleshoot pump	Yes/No	Snack after exercise Yes/No

Meals/ Snacks:

Breakfast _____
A.M. Snack _____
Lunch _____
P.M. Snack _____
Food in class, e.g. party _____

Supplies to be provided by parents: Blood Glucose Monitor and all monitoring supplies, Insulin and administration supplies, Glucagon emergency kit, snack foods, fast-acting glucose source, Ketone testing supplies, Insulin pump supplies if appropriate.

High blood glucose Management/Preventing Diabetic Ketoacidosis

If BG is above 250 mg/dl, wash hands and recheck. If still above 250:

→ If less than 2 hrs since last dose of Apidra, Humalog or Novolog,* recheck at 2 hrs after the last dose and continue as below.

→ If 2 hrs or more since the last dose of Apidra, Humalog, or Novolog* give a correction dose using the correction factor formula.

→ Check urine for ketones. If positive, drink 6-8 oz liquid with no calories every 30 minutes (e.g. water, diet soda)

→ If moderate or large ketones at any time, call parent.

→ Check BG and ketones every 2 hrs and give correction dose until BG reaches target range and ketones clear.

→ If BG and ketones are not decreasing after 4 hrs, call parent.

Additional Instructions for Insulin Pump Users:

→ If ketones are negative, check pump and site. If okay, give correction bolus by pump.

→ If ketones are positive, give correction bolus by syringe (not by pump) and have student change infusion set/site if able or call parent.

→ If initial correction bolus was given by pump, recheck BG in 1 hr. If BG has not decreased, give correction bolus by syringe and have student change infusion set/site if supplies are available or call parent.

→ Check BG and ketones every 2 hrs and give correction dose until BG reaches target range and ketones clear, by syringe until site is changed.

*If taking Regular, NPH or NPH mix insulin, call parent for direction.

Low blood glucose (hypoglycemia)

Some symptoms of low BG:

- Sweating
- Headache
- Drowsiness
- Trembling
- Blurred vision
- Hunger
- Dizziness
- Confusion
- Palpitations
- Speech Impairment

Hypoglycemia protocol: the rule of 15

If blood glucose is less than 70 mg/dl or symptomatic (70 to 100 mg/dl)

→ Eat/drink 15 grams of carbohydrate

→ Check BG again in 15 minutes; if not above 70 mg/dl repeat treatment

→ Check BG again in 15 minutes; if not above 70mg/dl repeat treatment and contact parent.

These items have 15 grams of carbohydrate:

- 3 Glucose tablets
- 4 oz of juice or soda (not diet)
- 6-7 hard candies such as lifesavers
- 1 tablespoon of table sugar or honey

Rx:

Glucagon: If child becomes unconscious, unable to cooperate, or has a seizure, give glucagon 0.5/1.0 mg subcutaneously. (Please circle dose) Call 911 and parents. Do not force eating or drinking. Turn on side.

I hereby certify that the above information is complete and I have provided the school with all information that they will need to reasonably care for and monitor my child's health related to his/her diabetes. I give permission for the school to talk to my doctor, nurse practitioner, and/or physician's assistant and/or nurse.

Above I hereby certify that my child can monitor and manage his/her care without supervision from school staff except in emergencies.
Signature and dates: Parents _____ Student _____ Date _____

Physician _____ Date _____ School Representative and Title _____ 4/19/07

Health Care Plan and Guidelines for treatment of a student with Diabetes

Student Name and Date of Birth:

ID#:

Parent/guardian Name/Number:

Emergency Contact Name and number:

Address:

Dr. Name and Number:

Diabetes is a chronic disease in which the body does not make or properly use insulin, a hormone needed to convert sugar, starches, and other food into energy. Long-term complications include heart disease, stroke, blindness, kidney disease, and amputation of the foot or leg. Although there is no cure, the disease can be managed and complications delayed or prevented. In Type 1 diabetes the immune system attacks and destroys the beta cells (the insulin-producing cells of the pancreas) causing the lack of insulin. Students with type 1 diabetes, and some with type 2 diabetes, must carefully monitor their blood glucose levels throughout the day and administer multiple doses of insulin therapy.

Hypoglycemia, also called “low blood glucose,” is one of the most frequent complications of diabetes and can occur very quickly. It is the result of administering too much insulin, skipping or delaying meals or snacks, exercising too long or too intensely, or a combination of factors. Hypoglycemia can impair thinking abilities and sometimes can be mistaken for misbehavior. If a student has a sudden change in behavior, becomes lethargic, combative, or unconscious, or is having a seizure or convulsion, presume that the student is hypoglycemic. If hypoglycemia is not treated promptly, can be life-threatening.

Hyperglycemia, also called “high blood glucose,” is a serious manifestation of diabetes that may be caused by too little insulin, illness, infection, injury, stress or emotional upset, ingestion of food that has not been covered by the appropriate amount of insulin, or decreased exercise or activity. Hyperglycemia does not usually result in acute problems; however, over a long period of time, high blood glucose levels can lead to serious complications. In the short term, hyperglycemia can impair cognitive abilities and adversely affect academic performance.

If you see this:	Do This:
<p>1. First signs of hypoglycemia:</p> <ul style="list-style-type: none">● Shaky, nervous● Sweating, pale skin● Fast heart rate● Headache, hunger <p>2. Late signs of Hypoglycemia</p> <ul style="list-style-type: none">● Dizzy, weakness● Numbness in lips● Giddiness, confusion● Personality change, and irritability● Unsteady gait	<ul style="list-style-type: none">● Send a student to Health services with an escort● Blood glucose check, if <75, treat with fast-acting sugar such as 4oz juice or 3glucose tablets.● Retest glucose in 15-20 min. If glucose is still low, repeat fast-acting sugar● If lunch is more than an hour away, give carbohydrate & protein snacks such as 3 peanut butter or cheese crackers● Shouldn't exercise if glucose is <70 or >250mg/dl <ul style="list-style-type: none">● Students need to take 3 glucose tablets (carries in a backpack) or quick-acting sugar.● Contact school nurse-ext. 4595/4596● School nurse will check blood glucose or assist with check-follow the guidelines noted above.● When the student improves he will eat a complex carb and protein snack or eat lunch.

<p>3. Severe symptoms of hypoglycemia</p> <ul style="list-style-type: none"> • Unconsciousness • Seizure (rare) <p>4. Signs of hyperglycemia (high glucose level):</p> <ul style="list-style-type: none"> • Blurred vision, tiredness, dizziness • Thirst • Frequent urination 	<ul style="list-style-type: none"> • Parents to be notified <ul style="list-style-type: none"> • Call 911 (state who you are, where you are, and the problem) • Call school nurse-ext. 4595/4596 to administer glucagon injection • Do not attempt to give food or drink if unconscious • Check for pulse and look, listen, and feel for breathing: if absent start CPR, if you know how <ul style="list-style-type: none"> • Send the student to Health services with an escort • Blood Glucose check and treatment as needed such as drinking extra water or diet drinks or administering supplemental insulin according to physician guidelines • Hold exercise and PE activity • Parents to be notified
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Other concerns/information:

- ❖ It is the parent’s responsibility to notify clubs, coaches and other school sponsors of any health concerns
- ❖ Prior to any off-campus activity, a parent must notify the field trip sponsor of their student’s special health needs. Parent/Student is responsible to notify the Health Office five days prior to a field trip if there is a need for a delegated care aide to accompany a student on a field trip.
- ❖ It is the responsibility and expectation of the student to self-manage diabetes and glucose tests as needed.
- ❖ A teacher’s copy of the guidelines should accompany students on all field trips or off-campus activities. Teachers should place a copy of this in the substitute folder.
- ❖ Teachers will place a copy of these guidelines in their personal file and another copy in their substitute information folder along with seating charts, emergency lesson plans, and information that pertains to your student
- ❖ Never send a student to Health Services alone; send with an escort or call 4595/4596 for Nurse assistance
- ❖ Students should carry a quick-acting sugar. Examples of “quick” acting sugar: 3 glucose tablets or gel, ½ cup juice or regular soda, 1 fruit roll-up, 6 lifesavers/3 pieces of hard candy, 1 piece of fruit or 1/3 cup raisins
- ❖ Allow students to test glucose in class/activity
- ❖ Allow student to eat snacks and drink fluids during class. Allow unlimited bathroom privileges.

Student Name/Signature

Parent Name/Signature