

<b>DIABETES – Simplified Individualized Healthcare Plan (IHP)</b>			School Year:	Picture
Utah Department of Health				
<b>STUDENT INFORMATION</b>				
<b>Student:</b>	<b>DOB:</b>	<b>Grade:</b>	<b>School:</b>	<b>DMMO</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Parent:</b>	<b>Phone:</b>	<b>Email:</b>		
<b>Physician:</b>	<b>Phone:</b>		<b>Fax or Email:</b>	
<b>School Nurse:</b>	<b>School Phone:</b>		<b>Fax or Email:</b>	
<input type="checkbox"/> <b>Type I</b>	<input type="checkbox"/> <b>Type II</b>	<b>Age at diagnosis:</b>		
<b>SECTION 504 PLAN</b>				
All students with diabetes should also have a separate Section 504 plan in place to provide accommodations necessary to access their education.				
<b>STUDENT DIABETES MANAGEMENT SKILLS</b>		Needs Assistance	Needs Supervision	Independent
Identifying feelings of hypoglycemia				
Checking blood glucose				
Measuring out insulin				
Entering information into pump				
Administering insulin injection				
Independently counts carbohydrates				
<b>ADDENDUMS</b> (please attached appropriate addendum as specified below)				
<input type="checkbox"/> Insulin Injection Addendum <input type="checkbox"/> Pump Addendum <input type="checkbox"/> CGM Addendum				
<b>CONTINUOUS GLUCOSE MONITORING (See CGM Addendum)</b>				
<input type="checkbox"/> Student has a Continuous Glucose Monitoring System: <b>Please attach CGM Addendum.</b> Addendum must have parent signature. Not all CGMS readings can be used to make treatment decisions. <i>Test blood glucose with a meter if apparent disparity between GGM reading and symptoms!</i>				
<b>INSULIN DELIVERY (See Insulin Injection or Pump Addendum)</b>				
Correction doses can be given with meal only, unless on a pump				
Method of insulin delivery: <b>Attach appropriate addendum</b>				
<input type="checkbox"/> Pump <input type="checkbox"/> Insulin Pen <input type="checkbox"/> Smart insulin pen <input type="checkbox"/> Syringe/vial				
<b>Lunch:</b> Student will typically eat:				
<input type="checkbox"/> School Lunch (staff can help with carb counts) <input type="checkbox"/> Home Lunch (parent must provide carb counts)				
<b>HYPOglycemia-Low Blood Glucose</b>	<b>HYPERglycemia-High Blood Glucose</b>	<b>ADDITIONAL INFORMATION</b>		
<p style="color: red; margin: 0;"><b>Emergency situations may occur with low blood sugar!</b></p> <p style="margin: 0;">Symptoms: shaky, feels low, feels hungry, confused, other (specify):</p> <p><input type="checkbox"/> Student needs treatment when blood glucose is below _____ mg/dl or if symptomatic</p> <p><input type="checkbox"/> If treated outside the classroom, a responsible person <b>MUST</b> accompany student to the office</p> <p><input type="checkbox"/> If blood glucose is below _____ mg/dl or if symptomatic give _____ grams of carbohydrates</p> <p><input type="checkbox"/> After 15 minutes recheck blood glucose</p> <p><input type="checkbox"/> Repeat until blood glucose is over _____ mg/dl</p> <p><input type="checkbox"/> Disconnect or suspend pump</p>	<p style="margin: 0;">Symptoms: Increased thirst, increase need for urination, other (specify):</p> <p><input type="checkbox"/> Student needs treatment when blood glucose is over _____ mg/dl</p> <p><input type="checkbox"/> If blood sugar is over _____ mg/dl contact parent</p> <p><input type="checkbox"/> Allow unrestricted bathroom privileges</p> <p><input type="checkbox"/> Encourage student to drink water or sugar-free drinks</p> <p style="margin-top: 10px;">If vomiting call parent <i>immediately!</i></p>	<ul style="list-style-type: none"> <li>Student must always be allowed access to fast-acting sugar.</li> <li>Student is allowed to carry a water bottle and have unrestricted bathroom privileges.</li> <li>Student is allowed to test his/her blood glucose when/where needed</li> <li>Substitute teachers must be aware of the student’s health situation, but still respecting privacy</li> </ul> <p style="color: red; margin: 5px 0;"><b>CALL 911 IF:</b></p> <ul style="list-style-type: none"> <li>Glucagon is administered</li> <li>Student is unable to cooperate to eat or drink anything</li> <li>Decreasing alertness or loss of consciousness</li> <li>Seizure</li> </ul>		
<b>Notify parent(s)/guardian when blood glucose is below _____ mg/dl or above _____ mg/dl</b>				
<b>CONTINUED ON NEXT PAGE</b>				

**Diabetes Individualized Healthcare Plan (IHP)**

<b>Student:</b>	<b>DOB:</b>	<b>School Year:</b>
<b>SPECIAL CONSIDERATIONS (Academic testing, Snacks, PE, School Parties, Field Trips)</b>		
PE: <input type="checkbox"/> Check BG before PE <input type="checkbox"/> 15 gram carb (free) snack before PE <input type="checkbox"/> Other (specify): <input type="checkbox"/> Do not exercise if BG is below _____mg/dl or above _____mg/dl or symptomatic of hyperglycemia		
School parties or snacks: <input type="checkbox"/> No coverage for snacks/parties <input type="checkbox"/> Student to save snack for lunchtime <input type="checkbox"/> Student to take snack home <input type="checkbox"/> Parent will provide alternate snack <input type="checkbox"/> Other (specify):		
Field Trips: Parent and school nurse must be notified of field trips in advance so proper planning and training can be accomplished. Please specify instructions:		
Academic Testing: <input type="checkbox"/> Student may reschedule academic testing with teacher, as needed, if blood glucose is below ____ or over ____ <input type="checkbox"/> Other (specify):		
<input type="checkbox"/> Other considerations (specify):		
<b>ADDITIONAL INSTRUCTIONS</b>		
Please specify any additional instructions for daily management of student:		
<b>EMERGENCY MEDICATION (See DMMO)</b>		
Person to give <b>Glucagon</b> : <input type="checkbox"/> School Nurse <input type="checkbox"/> Parent <input type="checkbox"/> EMS <input type="checkbox"/> Volunteer(s) (Specify): Attach volunteer(s) training documentation if applicable.		
Location of Glucagon:		
<b>SIGNATURES</b>		
<i>PARENT TO COMPLETE (as required by UCA 53G-9-504 and 53g-9-506)</i>		
<input type="checkbox"/> I certify that glucagon has been prescribed for my student. <input type="checkbox"/> I request the school identify and train school personnel who volunteer to be trained in the administration of glucagon. I authorize the administration of glucagon in an emergency to my student. <input type="checkbox"/> I authorize my student to possess or possess and self-administer diabetes medication. I acknowledge that my student is responsible for, and capable of, possessing or possessing and self-administering the diabetes medication.		
Parent Name:	Signature:	Date:
As parent/guardian of the above named student, I give permission for my student’s healthcare provider to share information with the school nurse for the completion of this plan. I understand the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the school nurse of any change in the student’s health status, care or medication order. If medication is ordered I authorize school staff to administer medication described above to my student. If prescription is changed a new prescriber order must be completed before the school staff can administer the medication. Parents/Guardian are responsible for maintaining necessary supplies, medications and equipment.		
Parent:	Signature:	Date:
Emergency Contact:	Relationship:	Phone:
<b>SCHOOL NURSE</b>		
Diabetes medication and supplies are kept: <input type="checkbox"/> Student carries <input type="checkbox"/> Backpack <input type="checkbox"/> Classroom <input type="checkbox"/> Health Office <input type="checkbox"/> Front office <input type="checkbox"/> Other (specify):		
IHP (this form) distributed to ‘need to know’ staff: <input type="checkbox"/> Teacher(s) <input type="checkbox"/> Lunchroom <input type="checkbox"/> PE teacher(s) <input type="checkbox"/> Transportation <input type="checkbox"/> Front office/admin <input type="checkbox"/> Other (specify):		
School Nurse Signature:	Date:	