



Office of School Support Services  
 Coordinated School Services  
**NURSING SERVICES**  
 999 Atlantic Avenue, Suite 201, Long Beach, CA 90813  
 Telephone: (562) 997-8000 ext. 7172 Fax: (562) 983-0998

**INDIVIDUALIZED HEALTH AND SUPPORT PLAN  
 (DIABETES)**

Student's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Parent's name \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency contact #1 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact #2 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Medical Insurance (Kaiser, Medi-Cal, etc.) \_\_\_\_\_

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**USUAL TREATMENT** (as indicated by physician and parent):

- student eats between-meal snacks at (times): \_\_\_\_\_
- snack food kept in:  student's backpack  nurse's office in \_\_\_\_\_
- blood glucose testing at (time) \_\_\_\_\_-performed by:  nurse  student (monitored by school staff)
- administration of insulin per physician's order by:  nurse  student (monitored by nurse or school staff)
- Other \_\_\_\_\_

**1. SIGNS OF LOW BLOOD SUGAR – MAY OCCUR IN LESS THAN AN HOUR (\* INDICATES SEVERE SYMPTOMS)**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> headache            | <input type="checkbox"/> stomach        | <input type="checkbox"/> hunger                   | <input type="checkbox"/> sweating/cool, moist skin |
| <input type="checkbox"/> sleepy              | <input type="checkbox"/> glassy eyes    | <input type="checkbox"/> shaking                  | <input type="checkbox"/> poor coordination         |
| <input type="checkbox"/> fatigue/lethargy    | <input type="checkbox"/> irritable      | <input type="checkbox"/> pale appearance          | <input type="checkbox"/> personality changes       |
| <input type="checkbox"/> visual disturbances | <input type="checkbox"/> confusion      | <input type="checkbox"/> inability to concentrate |  |
| <input type="checkbox"/> restlessness        | <input type="checkbox"/> combativeness* | <input type="checkbox"/> convulsions/seizures*    | <input type="checkbox"/> coma*                     |

**ACTIONS FOR TEACHER AND/OR OTHER SCHOOL PERSONNEL FOR LOW BLOOD SUGAR:**

- immediately give \_\_\_\_\_ (fast acting sugar) found in student's backpack
- call office and ask for nurse (if on site) or other staff member to come to classroom for student with a wheelchair
- nurse or trained school staff checks blood glucose level – glucometer and supplies are located in: \_\_\_\_\_
- if blood glucose is between 70 to 240 mg/dl observe student for 10-15 minutes, if symptoms subside, send student back to class.
- if blood glucose is below 70 mg/dl, contact the parent immediately then do the following:
- if next meal/snack is 1 hour or less away, allow student to eat meal/snack early to stabilize blood sugar level
- if next meal is more than 1 hour away, give 1 extra bread and 1 extra protein exchange:
 

bread exchange:	<input type="checkbox"/> 6 saltine crackers	<input type="checkbox"/> 1 long graham cracker	<input type="checkbox"/> 1 slice bread
protein exchange:	<input type="checkbox"/> 1 ounce cheese	<input type="checkbox"/> 2 tablespoons peanut butter	<input type="checkbox"/> 1 egg
- if student becomes unconscious, do the following:
  - CALL 911 – PARAMEDICS – then call the parent
  - turn student on side, ensuring drainage of secretions or vomitus should vomiting occur
  - administer 1 mg. glucagons by injection as ordered by physician – glucagons kept in \_\_\_\_\_
- Other \_\_\_\_\_

**REMEMBER, IF YOU ARE NOT SURE WHETHER THE SYMPTOMS ARE CAUSED BY LOW OR HIGH BLOOD SUGAR, ALWAYS TREAT THEM AS THOUGH LOW BLOOD SUGAR WE THE CAUSE**

**NEVER GIVE A STUDENT WHO IS UNCONSCIOUS OR CONVULSING ANYTHING BY MOUTH**

**(PAGE 2 – INDIVIDUALIZED HEALTH AND SUPPORT PLAN – DIABETES)**

**2. SIGNS OF HIGH BLOOD SUGAR – OCCURS OVER A LONG PERIOD (DAYS OR WEEKS)**

- excessive thirst
- hunger
- lethargy
- excessive urination
- dry flushed skin
- weight loss (occurs over prolonged time)

**ACTIONS FOR TEACHER AND/OR OTHER SCHOOL PERSONNEL FOR HIGH BLOOD SUGAR:**

- call office and ask for nurse (if on site) or other staff member to come to the classroom for student
- student (monitored by school personnel) checks blood glucose level – if over 240 mg/dl, contact the parent immediately, then do the following:
  - encourage student to drink large quantities of sugar free liquids (water or diet soda)
  - with physician’s order, student may administer own insulin (trained school personnel monitors student if school nurse is not on site)
  - contact parent who will come to school to administer insulin
- contact parent and report blood glucose results (and administration of insulin if given by nurse or student)
- observe student for 10-15 minutes, if symptoms subside, send student back to class
- repeat blood glucose testing every 2 hours until blood glucose level is below 240 mg/dl
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Other \_\_\_\_\_

Additional information or comments \_\_\_\_\_

GOAL: To identify and treat hypoglycemia or hyperglycemia following physician’s standardized orders.

Effective date of Individualized Health and Support Plan: From \_\_\_\_\_ to \_\_\_\_\_

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**PARENT AGREEMENT:** I agree with the Individualized Health and Support Plan.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Principal signature \_\_\_\_\_ Date \_\_\_\_\_

School nurse signature \_\_\_\_\_ Date \_\_\_\_\_

**(file original copy in STUDENT HEALTH RECORD – copy to parent, teacher, selected school personnel)**