DIABETES ACTION PLAN

Student's Name: _____ Date of Birth: _____
Date of Plan: _____ This plan is valid for the current school year: _____ - _____
Date of Diabetes Diagnosis: _____ ☐ type 1 ☐ type 2 ☐ Other _____

CHECKING BLOOD GLUCOSE: TARGET RANGE of blood glucose: _____

Check blood glucose level: ☐ Upon arrival at school ☐ Before lunch ☐ _____Hours after lunch
☐ 2 hours after a correction dose ☐ Before PE ☐ After PE ☐ Before dismissal
☐ Other _____

Student's self-care blood glucose checking skills:
☐ Independently checks own blood glucose
☐ May check blood glucose with supervision
☐ Requires school nurse or trained diabetes personnel to check blood glucose

BLOOD GLUCOSE TREATMENT

BELOW_____ Give fast acting carbohydrate: 4 oz juice **OR** 15 gm glucose gel **OR** _____
Observe for 15 minutes and retest blood glucose, if less than_____ repeat fast acting carbohydrate. If over _____ give crackers and cheese OR crackers and peanut butter.

If student becomes unconscious, has a seizure or is unable to swallow: call 911; turn student on side; administer:* ☐ *15 gm glucose gel* ☐ *1 mg/1 ml glucagon IM; notify parent/guardian.

ABOVE_____ ☐ check ketones; ☐ administer insulin per sliding scale; ☐ provide _____oz of water per hour; ☐ Other:_____; notify parent/guardian.

If student vomits, becomes lethargic, or has labored breathing: call 911; notify parent/guardian.

With a physician's signed orders (listed below), and a parent/guardian completed medication permit form, the student may self-administer insulin according to the sliding scale listed.

SLIDING SCALE for INSULIN ADMINISTRATION

- **Carbohydrate Coverage:** 1 unit of insulin per _____ grams of carbohydrates.
- **Correction Dose:**

☐ (Current Blood Glucose Level - _____) / Insulin Sensitivity Factor of _____ = Units of insulin

☐ Correction dose scale (use instead of calculation above to determine insulin correction dose):

Blood Glucose _____ to _____mg/dL give _____ units insulin
Blood Glucose _____ to _____mg/dL give _____ units insulin
Blood Glucose _____ to _____mg/dL give _____ units insulin
Blood Glucose _____ to _____mg/dL give _____ units insulin
Blood Glucose _____ to _____mg/dL give _____ units insulin
Blood Glucose _____ to _____mg/dL give _____ units insulin

☐ Other Diabetes Medication/Dosage: _____

Physician Signature_____ **Date**_____
Address_____ **Phone**_____