

Peaster ISD

Individualized Diabetes Management Plan

Name - _____ DOB _____

Doctor - _____ Dr. Phone - _____

Mother/Guardian - _____ Home - _____

Cell - _____ Work - _____

Father/Guardian - _____ Home - _____

Cell - _____ Work - _____

Other Emergency Contact - _____ Home - _____

Cell - _____ Work - _____

Monitoring Blood Sugar: (mark where indicated)

Blood Sugar should be checked before: _____ Breakfast _____ Lunch _____ Dinner _____ Before PE _____ After PE
_____ Before Dismissal _____ Mid-Morning and as needed for signs/symptoms of low or high blood sugar.

***Parents _____ are or _____ are not allowed to adjust insulin dose/carb ratios ***

Scheduled Medication Needed at School:

Carbohydrate ratio: _____ units of _____ insulin per _____ grams of carbohydrates. Insulin is to be administered before eating or immediately following.

Correction factor: _____ units of _____ insulin for every _____ mg/dl of blood sugar $>$ _____.

Blood sugar 150-199/dl Give _____ units

Blood sugar 200-249/dl Give _____ units

Blood sugar 250-299/dl Give _____ units and check ketones

Blood sugar 300-349/dl Give _____ units and check ketones

Blood sugar 350-399/dl Give _____ units and check ketones

Blood sugar 400-449/dl Give _____ units and check ketones

Blood sugar \geq 450/dl Give _____ units and check ketones

***Blood sugar correction is only to be given at breakfast/lunch/dinner if it has been 4 hours since last insulin dose of Humalog/Novolog/Apidra. ***

Additional medications: _____

Hypoglycemia – Symptoms include: sweating, shaky, pale, weak, dizzy, sleepy, confusion.

1. Blood sugar <70mg/dl treat with 15gram of fast acting carbohydrates. Recheck blood sugar in 15 minutes and repeat as needed until blood sugar is >70mg/dl.
2. If low blood sugar occurs at lunch time, give 15 grams of fast acting carbohydrates, without insulin and then allow student to go to lunch. DO NOT count in the 15grams of carbohydrates in the total carbs when calculating food insulin.
3. If unable to eat or drink and student is conscious, administer 15 grams of carbohydrate in glucose gel, cake icing or syrup by rubbing it on the inside of the cheek. Recheck blood sugar in 15 minutes and may repeat until blood sugar is > 70mg/dl. A snack of 15 grams of sugar may be given if the next meal is more than hour away following a low blood sugar. Notify parent or guardian.
4. If unconscious or following a seizure, administer Glucagon 1mg SC or IM if trained staff is available and call 911 and parent/guardian.

Hyperglycemia – symptoms include frequent thirst, dry mouth, frequent urination, abdominal pain, nausea and headache.

1. If blood sugar is ≥ 250 mg/dl or with symptoms of illness, check urine ketones.
2. If urine ketones are a trace or small student is allowed to follow normal meal plan dosing and drink 1 ounce of water for each year per hour. Blood sugar and ketones should be rechecked in 2 hours unless the student’s condition worsens. Notify parent/guardian.
3. If moderate to large urinary ketones are present, _____ units of _____ insulin will be given instead of the usual correction dose. If they are using a pump the “ketone dose” of insulin should be given via syringe. The student will also need to drink 1 ounce of water for each year per hour. Recheck blood sugar and ketones in 2 hours. Notify parent/guardian.
4. If a student is positive for urinary ketones, they should not participate in activities such as PE but they may attend class if they choose.
5. Student may remain at school with ketones unless they are having difficulty breathing or if they are vomiting.

The American Diabetic Association released a position statement in Diabetes Care in the School Setting, stating that youth should be allowed to perform their own diabetic care at school to the extent that is appropriate based on the students experience, ability and development. The extent of the student’s ability to participate in their diabetic care should be agreed upon by the school personnel, the parent/guardian, and the health care team. As the physician I feel that the students’ abilities are as follows: (initial one)

- _____ Independent calculates and administers own injections
- _____ Student may calculate/ give own injection with supervision from staff
- _____ Requires school nurse or trained personnel to calculate/give injections

Nutrition-

Parents are responsible for knowing their child’s meal plan and for communicating information to the school staff as needed. If the parent is providing the breakfast/lunch/snack, the carbohydrate count should be provided for each item.

- Special event/party food permitted - _____ Parents/Guardian discretion
- _____ Student discretion

Signatures-

This Diabetes Individualized Health Plan has been approved by:

Students Physician/Health Care Provider _____ Date _____

As the parent/guardian, I give my permission to the school nurse and other designated staff to perform and carry out the diabetes tasks as outlined in this Individualized Health Plan (IHP). I also consent for my child's healthcare provider to share information with the school nurse to maintain my child's health and safety. I understand and allow the information contained in this plan to be shared with school staff on a need to know basis. I understand that it is the responsibility of the parent/guardian to notify the school nurse whenever there is any change in the student's health status or plan of care. I understand that these orders are valid for this school year only.

Parent/Guardian - _____ Date - _____

School Nurse - _____ Date - _____