



DIABETES INDIVIDUAL CARE PLAN/504

Student Picture

Student Name: _____

DOB: _____

School: _____

School Year: _____

Grade: _____

Advisor _____

Transportation: Walker Car Bus Rider – Bus number: _____

Family and Emergency Contact Information:

Parent/guardian: _____

Contact Info: _____

Physician: _____

Contact Info: _____

Health Concern: Type 1 diabetes: Type 2 diabetes: **Date and Age of Onset** _____ **Age:** _____

Target Range: _____ mg/dl **Correction Factor:** _____ unit to _____ mg/dl

Insulin to Carb Ratio: _____ unit to _____ carbs **Notify Parents if values below** _____ mg/dl **or above** _____ mg/dl

Insulin Type: Humalog Novolog Other: _____

Delivery Device: Pen Syringe & Vial InPen **Pump Brand & Model:** _____

Student's Self Care: (Ability level to be determined by School Nurse and Parent with input from Provider)

- Self-Managed: NO: YES: * *** If Yes attached required Agreement for Student's Self-Management**

Student's Supervised Care: (Ability level to be determined by School Nurse and Parent with input from Provider)

- Supervised Care: Trained personnel must perform diabetes care: YES NO
- Trained Personnel must supervise insulin administration and BG monitoring: YES NO
- Student can administer insulin: YES NO

Required Glucose Monitoring at School:

- Student can carry supplies and test where needed and when needed YES NO
- Blood Glucose Meter: YES NO - Preferred place to check Blood Glucose: Health Room Classroom
- Continuous Glucose Monitor: YES Model: _____ NO
- CGM Alarms set for Low: _____ mg/dl High: _____ mg/dl

When to Check Blood Glucose/CGM:

As needed for signs/symptoms of low/high blood glucose and/or student does not feel well:

BASC: _____ am/pm

Before Dismissal: _____ pm

At start of school: _____ am

Before Lunch: _____ am/pm

Before Recess: _____ am/pm

Before PE: _____ am/pm

Supporting Student with Diabetes:

1. Allow student to test blood glucose as needed anywhere in the school setting.
2. Allow students to self-carry fast acting sugar source as well as store fast acting sugar source in classroom.
3. Student with diabetes who ride the bus will always carry a fast-acting sugar source.
4. Allow student to carry a water bottle and have unrestricted bathroom privileges.
5. Substitute teachers will be aware of the student's health concerns and necessary interventions.
6. Allow student access to cell phone at all times when utilized for diabetes care.
7. Emergencies - Snack/Water (provided by parent) Elementary - in specialist's classrooms - ex: computer lab, library, music, art. Middle and/or High School - self-carry supplies with health room backup.
8. See _____ hospital orders for detailed information for disaster, insulin specifics and other.

LOW Blood Sugar (Hypoglycemia) Management

Check blood glucose/sensor glucose. Treat if below _____ mg/dl.

- Always treat if symptomatic or if blood sugar is unavailable.
- Never leave student unattended.
- Always send to health room accompanied by a responsible person.
- When CGM alarms or student is symptomatic, check BG/CGM.
- Use glucometer readings if symptoms do not match CGM.
- With insulin pump, DO NOT enter carbs for fast acting sugar used to treat low.

SCHOOL INTERVENTION PLAN

When This happens...	Do this...
<p><u>Hypoglycemia</u> (low blood glucose)</p> <p><u>The signs and symptoms include the following:</u></p> <p>Hunger, shakiness, nervousness, sweating, dizziness, light headedness, sleepiness, confusion, difficulty speaking, anxiety and weakness.</p> <p>Severe hypoglycemia can lead to seizures, coma and death.</p> <p><u>Exercise:</u> Children frequently need 15 grams of carbs for every 30-60 minutes of physical activity. These carbs DO NOT require insulin.</p>	<p>If loss of consciousness or seizure, Call 911. RN or trained PDA to give:</p> <ul style="list-style-type: none"> • Glucagon Dosage _____ mg INTRAMUSCULAR injection. • Gvoke Dosage _____ mg Route: Subcutaneous prefilled. syringe: Arm <input type="checkbox"/> Thigh <input type="checkbox"/> Abdomen <input type="checkbox"/> • Nasal Glucagon (Baqsimi) Dosage 3mg Intranasal <input type="checkbox"/>. <ol style="list-style-type: none"> 1. If symptomatic and/or BG is _____ mg/dl or below health room should treat by giving 10-15 grams of fast acting sugar (ex: juice box, candy, applesauce, glucose tabs). 2. Wait 15 minutes, child should be observed during this time. 3. Recheck BG and/or monitor CGM 4. Retreat if still under _____ mg/dl with carbs, or if child is still symptomatic. 5. If BGL is under _____ mg/dl prior to PE, recess or dismissal give 10-15 carbs.
<p><u>Hyperglycemia</u> (high blood glucose)</p> <p><u>The signs and symptoms include the following:</u></p> <p>Irritable mood, frequent urination, increased thirst, hunger, blurred vision or sleepiness.</p> <p><i>* If student has labored breathing, change in mental status and/or may be dehydrated- call 911</i></p>	<ol style="list-style-type: none"> 1. Test BG/CGM level via finger poke if BG over 400mg/dl. 2. Call parents if over _____ mg/dl and check for pump malfunctions. 3. Encourage student to drink water. 4. Test for ketones immediately if BG over _____ mg/dl. If ketones are moderate to large, contact parents immediately, and send home for treatment. No exercise with ketones present. 5. Provide correction with insulin – DO NOT give correction bolus if less than 3 hours since last dose of insulin regardless if given for carbs or correction.
<p>-Class School Parties or Events with Food: <i>(check all that apply)</i></p> <p>In the event of a Class Party – may eat the treat and insulin dosage per Provider Orders <input type="checkbox"/></p> <p>Student able to determine whether to eat the treat <input type="checkbox"/></p> <p>Replace with parent supplied treat <input type="checkbox"/> May NOT eat the treat <input type="checkbox"/></p> <p>Contact Parent prior to event for instructions <input type="checkbox"/></p> <p>-Field Trip: Parent, PDA or RN to accompany on field trips, unless self-managed.</p> <p>-Standardized Academic Testing Procedures:</p> <p>School Staff to notify Parents & School Nurse of upcoming standardized testing in order to create a plan for BG monitoring.</p> <p>*Acceptable Standardized Testing BG/CGM range without symptoms: _____ mg/dl.</p>	

PARENT/GUARDIAN PERMISSION

I understand that:

- Medication orders are valid for this school year only and need renewing at the beginning of each school year.
- Changes in diabetes equipment requires new school orders.
- Medications must be in original container and labeled to match physician’s order for school use including field trips.
- I have the responsibility for notifying the school nurse of any changes in medication or care orders.
- I give permission to the school nurse to share information with appropriate school staff relevant to the prescribed medication administration as he/she determines appropriate for my child’s health and safety.
- I give permission to the school nurse to contact the above health care provider for information relevant to the prescribed medication administration, provider orders, and related student health information appropriate for my child’s health and safety.
- I give my permission to the school nurse and designated staff to perform and carry out the diabetes tasks as outlined in this Individualized Health Plan (IHP).
- Parent/Guardian & student are responsible for maintaining necessary supplies, snacks, blood glucose meter, medications and other equipment.
- I acknowledge the evaluation and accommodation plan here provided, and have receive a copy of Section 504 Parent/Student Rights.

Parent Signature: _____ **Date:** _____ Parent/Guardian Signature on File

School Nurse – Complete this section.

Student has demonstrated to the school nurse the skill necessary to use the medication and any device necessary to self-administer the medication. Yes No

School Nurse: _____ **Date:** _____

A copy of this plan is available in Skyward and will be kept in the school health room and copies will be given to:
 Teachers/Specialists Transportation Coach **Addendums:** Sliding Scale (fillable pdf) Self-Management Agreement

