

Individualized Health Care Plan (IHP)

Student: _____

School: _____

Grade: _____ School Year: _____

IHP Completed by: _____ Date: _____

IHP Review Dates: _____

Nursing Assessment Review Dates: _____

Nursing Assessment Completed by: _____ Date: _____

Nursing Diagnosis	Sample Interventions and Activities	Date Implemented	Sample Outcome Indicator	Date Evaluated
<p>Managing Potential Diabetes Emergencies</p> <p>(risk for unstable blood glucose)</p>	<p>Establish and document student's routine for maintaining blood glucose within goal range including while at school:</p> <ul style="list-style-type: none"> • Where to check blood glucose: <ul style="list-style-type: none"> <input type="checkbox"/> Classroom <input type="checkbox"/> Health room <input type="checkbox"/> Other: _____ • When to check blood glucose: <ul style="list-style-type: none"> <input type="checkbox"/> Before breakfast <input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> After lunch <input type="checkbox"/> Before snack <input type="checkbox"/> Before PE <input type="checkbox"/> After PE <input type="checkbox"/> 2 hours after correction dose <input type="checkbox"/> Before dismissal <input type="checkbox"/> As needed <input type="checkbox"/> Other: _____ • Student's self-care skills: <ul style="list-style-type: none"> <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Full assistance • Brand/model of BG meter: _____ • Brand/model of CGM: _____ 		<p>Blood glucose remains in goal range</p> <p>Percentage of time 0% 25% 50% 75% 100%</p>	

Nursing Diagnosis (continued)	Sample Interventions and Activities (continued)	Date Implemented (continued)	Sample Outcome Indicator (continued)	Date Evaluated (continued)
Supporting the Independent Student (effective therapeutic regimen management)	Hypoglycemia Management STUDENT WILL: <ul style="list-style-type: none"> • Check blood glucose when hypoglycemia suspected • Treat hypoglycemia (follow Emergency Care Plans for Hypoglycemia and Hyperglycemia) • Take action following hypoglycemia episode • Keep quick-acting glucose product to treat on spot • Type: _____ • Routinely monitor hypoglycemia trends r/t class schedule (e.g., time of PE, scheduled lunch, recess) and insulin dosing • Report to and consult with parents/guardians, school nurse, HCP, and school personnel as appropriate 		Monitors blood glucose and appropriately responds to results Percentage of time 0% 25% 50% 75% 100%	
Supporting Positive Coping Skills (readiness for enhanced coping)	Create Positive School Environment <ul style="list-style-type: none"> • Ensure confidentiality • Discuss with parents/guardians and student preferences about how school can support student's coping skills • Collaborate with parents/guardians and school personnel to meet student's coping needs • Collaborate with school personnel to create accepting and understanding environment 		Demonstrates positive coping Percentage of time 0% 25% 50% 75% 100%	

Hypoglycemia Emergency Care Plan (For Low Blood Glucose)

Student's Name: _____

Grade/Teacher: _____

Date of Plan: _____

Emergency contact information

Parent 1/Guardian: _____

Email Address: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

Parent 2/Guardian: _____

Email Address: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

Health Care Provider: _____

Phone Number: _____

School Nurse: _____

Contact Number(s): _____

Trained Diabetes Personnel: _____

Contact Number(s): _____

The student should never be left alone, or sent anywhere alone or with another student, when experiencing hypoglycemia.

Causes of Hypoglycemia	Onset of Hypoglycemia
<ul style="list-style-type: none"> • Too much insulin • Missing or delaying meals or snacks • Not eating enough food (carbohydrates) • Getting extra, intense, or unplanned physical activity • Being ill, particularly with gastrointestinal illness 	<ul style="list-style-type: none"> • Sudden—symptoms may progress rapidly

Hypoglycemia Symptoms		
Circle student's usual symptoms.		
Mild to Moderate		Severe
<ul style="list-style-type: none"> • Shaky or jittery • Sweaty • Hungry • Pale • Headache • Blurry vision • Sleepy • Dizzy • Lightheaded • Confused • Disoriented 	<ul style="list-style-type: none"> • Uncoordinated • Irritable or nervous • Argumentative • Combative • Changed personality • Changed behavior • Inability to concentrate • Weak • Lethargic • Other: _____ 	<ul style="list-style-type: none"> • Inability to eat or drink • Unconscious • Unresponsive • Seizure activity or convulsions (jerking movements)

Actions for Treating Hypoglycemia	
<p>Notify school nurse or trained diabetes personnel as soon as you observe symptoms. If possible, check blood glucose (sugar) at side of finger. Treat for hypoglycemia if blood glucose level is less than _____ mg/dL.</p> <p>WHEN IN DOUBT, ALWAYS TREAT FOR HYPOGLYCEMIA AS SPECIFIED BELOW.</p>	
Treatment for Mild to Moderate Hypoglycemia	Treatment for Severe Hypoglycemia
<ul style="list-style-type: none"> <input type="checkbox"/> Provide quick-acting glucose (sugar) product equal to _____ grams of carbohydrates. Examples of 15 grams of carbohydrates are listed below: <ul style="list-style-type: none"> • 4 glucose tablets • 1 tube of glucose gel • 4 ounces of fruit juice (not low-calorie or reduced-sugar) • 4–6 ounces (1/2 can) of soda (not low-calorie or reduced-sugar) <input type="checkbox"/> Wait 15 minutes. <input type="checkbox"/> Recheck blood glucose level. <input type="checkbox"/> Repeat quick-acting glucose product if blood glucose level is less than _____ mg/dL. <input type="checkbox"/> Contact the student's parents/guardians. <input type="checkbox"/> Once the student's blood glucose returns to normal, check the blood glucose level 1 hour later. Provide an additional source of carbohydrate (e.g., whole grain crackers, graham crackers, granola bar, yogurt, or fruit) if a meal or snack is not planned. 	<ul style="list-style-type: none"> <input type="checkbox"/> Position the student on his or her side. <input type="checkbox"/> Do not attempt to give anything by mouth. <input type="checkbox"/> Administer glucagon: _____ mg at _____ site. <input type="checkbox"/> While treating, have another person call 911 (Emergency Medical Services). <input type="checkbox"/> Contact student's parents/guardians. <input type="checkbox"/> Stay with student until Emergency Medical Services arrive. <input type="checkbox"/> Notify student's health care provider.

Hyperglycemia Emergency Care Plan (For High Blood Glucose)

Student's Name: _____

Grade/Teacher: _____

Date of Plan: _____

Emergency contact information

Parent 1/Guardian: _____

Email Address: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

Parent 2/Guardian: _____

Email Address: _____ Home Phone: _____

Work Phone: _____ Mobile: _____

Health Care Provider: _____

Phone Number: _____

School Nurse: _____

Contact Number(s): _____

Trained Diabetes Personnel: _____

Contact Number(s): _____

Causes of Hyperglycemia	Onset of Hyperglycemia
<ul style="list-style-type: none"> • Too little insulin or other blood glucose-lowering medications • Insulin pump or infusion set malfunction • Food intake that has not been covered adequately by insulin • Decreased physical activity • Illness • Infection • Injury • Severe physical or emotional stress 	<ul style="list-style-type: none"> • Over several hours or days

Hyperglycemia Symptoms	Hyperglycemia Emergency Symptoms Diabetic ketoacidosis (DKA), which is associated with hyperglycemia, ketosis, and dehydration
Circle student's usual signs and symptoms.	
<ul style="list-style-type: none"> • Increased thirst and/or dry mouth • Frequent or increased urination • Change in appetite and nausea • Blurry vision • Fatigue • Other: _____ 	<ul style="list-style-type: none"> • Dry mouth, extreme thirst, and dehydration • Nausea and vomiting • Severe abdominal pain • Fruity breath • Heavy breathing or shortness of breath • Chest pain • Increasing sleepiness or lethargy • Depressed level of consciousness

Actions for Treating Hyperglycemia	
Notify school nurse or trained diabetes personnel as soon as you observe symptoms.	
Treatment for Hyperglycemia	Treatment for Hyperglycemia Emergency
<input type="checkbox"/> Check the blood glucose level. <input type="checkbox"/> Check urine or blood for ketones if blood glucose levels are greater than _____ mg/dL. <input type="checkbox"/> Calculate the Insulin Correction Dose needed as specified in the DMMP. <input type="checkbox"/> Administer supplemental insulin dose: _____. (If student uses a pump, see instructions below.) <input type="checkbox"/> Give extra water or non-sugar-containing drinks (not fruit juices): _____ ounces per hour. <input type="checkbox"/> Allow free and unrestricted access to the restroom. <input type="checkbox"/> Recheck blood glucose every 2 hours to determine if decreasing to target range of _____ mg/dL. <input type="checkbox"/> Restrict participation in physical activity if blood glucose is greater than _____ mg/dL and if ketones are moderate to large. <input type="checkbox"/> Notify parents/guardians if blood glucose is greater than _____ mg/dL or if ketones are present. For Students Using an Insulin Pump <ul style="list-style-type: none"> • If student uses a pump, check to see if the pump is connected properly and functioning by giving a correction bolus through the pump and checking the blood glucose 1 hour later. • If moderate or large ketones are present, treat ketones with a subcutaneous injection of insulin, then change pump site or initiate pump back-up plan. • For infusion site failure: insert new infusion set and/or replace reservoir or pod, or give insulin by syringe or pen. • For suspected pump failure: suspend or remove pump and give insulin by syringe or pen. 	<input type="checkbox"/> Call parents/guardians, student's health care provider, and 911 (Emergency Medical Services) right away. <input type="checkbox"/> Stay with student until Emergency Medical Services arrive.