

## Westlake City Schools Diabetes Management Plan

Student's Name	Date of Birth
Name of School	Teacher / Homeroom/Grade

Parents please check the appropriate lines and complete pertinent information.

**Blood Glucose Monitoring:** Student can perform own blood glucose checks (with supervision /without supervision)

Times to check blood glucose:

- with symptoms of hypoglycemia (shaky, sweaty, confused)
- with symptoms of hyperglycemia (thirsty, frequent urination)
- before lunch
- before / after exercise
- other \_\_\_\_\_
- students may carry own meter and supplies with them

Contact parent if blood sugar is less than \_\_\_\_\_ (treat first, see below) or greater than \_\_\_\_\_ (see below)

**Hypoglycemia Treatment:**

- 2 – 4 glucose tablets
- 4oz. of juice
- glucose gel or cake decorating gel (1/2 tube between cheek and gum)
- If no meal or snack is to be eaten within the next hour give 15gram protein snack (ex: cheese or peanut butter crackers)

**Severe Hypoglycemia Treatment:**

- glucose gel or cake decorating gel (1/2 tube between cheek and gum)
- glucagon injection (give 0.5mg - 1mg SQ in the arm or thigh)
- call **911**

**Hyperglycemia Treatment:**

- provide water & access to bathroom
- test urine ketones, call parent if moderate or large,
- see below for insulin instructions if applicable

**Insulin:**

- Student self manages their insulin pump
- Student needs assistance with their insulin pump
- Student takes insulin injections at school
- Student will give his own injection
- Student can / cannot calculate own insulin dose / bolus
- Meal coverage: \_\_\_\_\_ unit/s per \_\_\_\_\_ per grams of carbs
- Correction scale \_\_\_\_\_ unit/s per \_\_\_\_\_ per grams of carbs
- Sliding scale: confirm with parent

**It is the parent's responsibility to notify the school of any change in insulin doses.**

**Snacks:**

- Please allow a \_\_\_\_\_ gram snack at \_\_\_\_\_ am
- Please allow a \_\_\_\_\_ gram snack at \_\_\_\_\_ pm
- Please allow a \_\_\_\_\_ gram snack prior to PE class if needed

**Other Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Name** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Home phone #:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone : \_\_\_\_\_

If the above people are not available please call:

**Name:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Physician's name	Phone number
_____	_____
Physician's signature	Date
_____	_____
Address: _____	

Parent signature	Date:
_____	_____

Nurse signature:	Date:
_____	_____