



# Diabetes Health Care Plan for Insulin Administration via Syringe or Pen

School: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Grade/ Homeroom: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_

Transportation:  Bus  Car  Van  Type 1  Type 2

Parent/ Guardian Contact: Call in order of preference

Name Telephone Number Relationship

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Prescriber Name \_\_\_\_\_ Phone 216-844-3661 Fax 216-844-8900

Blood Glucose Monitoring: Meter Location \_\_\_\_\_ Student permitted to carry meter and check in classroom  Yes  No

BG= Blood Glucose SG= Sensor Glucose

Testing Time [X] Before Breakfast/Lunch [ ] 1-2 hours after lunch [ ] Before/after snack [ ] Before/after exercise [ ] Before recess [ ] Before bus ride/walking home [X] Always check when student is feeling high, low and during illness [ ] Other \_\_\_\_\_

Snacks: [ ] Please allow a \_\_\_\_\_ gram snack at \_\_\_\_\_ [ ] \_\_\_\_\_ gms carb before/after exercise, if needed.

Snacks are provided by parent /guardian and are located in \_\_\_\_\_

### Treatment for Hypoglycemia/Low Blood Sugar

If student is showing signs of hypoglycemia or if BG/SG is below \_\_\_\_\_ mg/dl

[X] Treat with \_\_\_\_\_ grams of quick-acting glucose:

[X] \_\_\_\_\_ oz juice or [X] \_\_\_\_\_ glucose tablets or [X] Glucose Gel or [X] Other \_\_\_\_\_

[X] Retest blood sugar every 15 minutes, repeat treatment until blood sugar level is above target \_\_\_\_\_ mg/dl

[X] If student unconscious or having a seizure (severe hypoglycemia): Administer glucagon (see below), call 911 and then parents

[X] Give Glucagon: [ ] Baqsimi 3 mg intranasally [ ] Glucagon/Gvoke: \_\_\_\_\_ mg SQ

[X] Notify parent/guardian for blood sugar below \_\_\_\_\_ mg/dl

Signs of Low Blood Sugar: personality change, feels funny, irritability, inattentiveness, tingling sensations headache, hunger, clammy skin, dizziness, drowsiness, slurred speech, seeing double, pale face, shallow fast breathing, fainting

### Treatment for Hyperglycemia /High Blood Sugar

If student showing signs of high blood sugar or if blood sugar is above \_\_\_\_\_ mg/dl

[X] Allow free access to water and bathroom

[X] Check ketones for blood sugar over 250 mg/dl, Notify parent/guardian if ketones are moderate to large

[X] Notify parent/guardian for blood sugar over \_\_\_\_\_ mg/dl

[X] Student does not have to be sent home for trace/small urine ketones

[ ] Give blood sugar correction (see correction dose on next page) if >= 3 hours from last rapid insulin dose

[X] Call 911 and parent/guardian for hyperglycemia emergency. Symptoms may include nausea & vomiting, heavy breathing, severe abdominal pain, chest pain, increased sleepiness or lethargy, or loss of consciousness.

Document all blood sugars and treatment

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Orders for Insulin Administration**

Insulin is administered via:  Vial/Syringe       Insulin Pen       Not taking insulin at school

Can student draw up correct dose, determine correct amount and give own injections?

Yes       No       Needs supervision (describe) \_\_\_\_\_

Insulin Type: \_\_\_\_\_ Student permitted to carry insulin & supplies:  Yes       No

**Calculation of Insulin Dose: A+B=C**

**A. Insulin to Carbohydrate Ratio:** 1 unit of Insulin per \_\_\_\_\_ grams of carbohydrate

Give \_\_\_\_\_ units for \_\_\_\_\_ grams  
 Give \_\_\_\_\_ units for \_\_\_\_\_ grams  
 Give \_\_\_\_\_ units for \_\_\_\_\_ grams  
 Give \_\_\_\_\_ units for \_\_\_\_\_ grams

**OR**

$\frac{\text{Carbohydrates To Eat}}{\text{Carbohydrate Ratio}}$	$\div$	$\frac{\text{Carbohydrate Bolus}}{\text{Carbohydrate Ratio}}$	$=$	$\frac{\text{Carbohydrate Bolus}}{\text{Carbohydrate Ratio}}$ Units of Insulin (A)
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**B. Correction Factor:** \_\_\_\_\_ unit/s of insulin for every \_\_\_\_\_ (Correction Factor) over \_\_\_\_\_ mg/dl (Target BG)

If BG/SG is \_\_\_\_\_ to \_\_\_\_\_ mg/dl Give \_\_\_\_\_ units  
 If BG/SG is \_\_\_\_\_ to \_\_\_\_\_ mg/dl Give \_\_\_\_\_ units  
 If BG/SG is \_\_\_\_\_ to \_\_\_\_\_ mg/dl Give \_\_\_\_\_ units  
 If BG/SG is \_\_\_\_\_ to \_\_\_\_\_ mg/dl Give \_\_\_\_\_ units  
 If BG/SG is \_\_\_\_\_ to \_\_\_\_\_ mg/dl Give \_\_\_\_\_ units  
 If BG/SG is \_\_\_\_\_ to \_\_\_\_\_ mg/dl Give \_\_\_\_\_ units  
 If BG/SG is \_\_\_\_\_ to \_\_\_\_\_ mg/dl Give \_\_\_\_\_ units  
 If BG/SG is \_\_\_\_\_ to \_\_\_\_\_ mg/dl Give \_\_\_\_\_ units

**OR**

$\frac{\text{Current BG/SG} - \text{Target BG}}{\text{Correction Factor}}$	$=$	$\frac{\text{Amount to Correct}}{\text{Correction Factor}}$	$=$	$\frac{\text{Amount to Correct}}{\text{Correction Factor}}$ Units of Insulin (B)
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**C. Mealtime Insulin dose = A + B**

Other: \_\_\_\_\_

Give mealtime dose:  before meals       immediately after meals       If blood glucose is less than 100mg/dl give after eating

Parental authorization should be obtained before administering a correction dose for high blood glucose level (excluding meal time)

Parents are authorized to adjust the insulin dosage +/- by \_\_\_\_\_ units for the following reasons:

Increase/Decrease Carbohydrate       Increase/Decrease Activity       Parties       Other \_\_\_\_\_

Student self-care task	Independent		
	Yes	No	Needs supervision
Blood Glucose Monitoring	Yes	No	Needs supervision
Carbohydrate Counting	Yes	No	Needs supervision
Selection of snacks and meals	Yes	No	Needs supervision
Insulin Dose calculation	Yes	No	Needs supervision
Insulin injection Administration	Yes	No	Needs supervision
Treatment for mild hypoglycemia	Yes	No	Needs supervision
Test Urine/Blood for Ketones	Yes	No	Needs supervision

**Authorization for the Release of Information:**

I hereby give permission for \_\_\_\_\_ (school) to exchange specific, confidential medical information with RBC Pediatric Endocrinology (Diabetes healthcare provider) on my child \_\_\_\_\_, to develop more effective ways of providing for the healthcare needs of my child at school

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Rev. 05/2023 Reviewed by Dr. Jamie Wood