

INDIVIDUALIZED HEALTH CARE PLAN

Livonia Public Schools

Confidential

Name:		
Health Concern:	DIABETES	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
Date of Birth:		Student ID:
Case Manager:		Ext.



Blood Glucose Monitoring

Target blood glucose range _____ mg/dl to _____ mg/dl

Usual times to check blood glucose _____

Times to do extra blood glucose checks (check all that apply)

before exercise

after exercise

when student exhibits symptoms of hyperglycemia

when student exhibits symptoms of hypoglycemia

other (explain) _____

Can student perform own blood glucose checks? Yes No

Exceptions _____

Type of blood glucose meter student uses _____

Insulin

Times, types and dosages of insulin injections to be given during school.

Time	Type(s)	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Students with Insulin Pumps

Type of pump _____

Insulin/carbohydrate ratio _____

Correction factor _____

Is student competent regarding pump? Yes No

Can student effectively troubleshoot problems (i.e. ketosis, pump malfunction, etc.)? Yes No

Comments _____

Can student . . .

give own injections? Yes No

determine correct amount of insulin? Yes No

draw correct dose of insulin? Yes No

Meals and Snacks Eaten at School (The carbohydrate content of the food is important in maintaining a stable blood glucose level)

Time	Food Content/Amount
Breakfast _____	_____
A M snack _____	_____
Lunch _____	_____
P.M. snack _____	_____

Snack before exercise? Yes No

Snack after exercise? Yes No

Other times to give snacks and content/amount _____

A source of glucose, such as _____

should be readily available at all times

Preferred snack foods _____

Foods to avoid (if any) _____

Instructions for when food is provided to the class (i.e. class party or food sampling) _____

Exercise and Sports

A snack such as _____ should be available at the site of exercise or sports.

Restrictions on activity (if any) _____

Student should not exercise if blood glucose is below _____ mg/dl

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Hypoglycemia (Low Blood Sugar)

Usual symptoms of hypoglycemia _____

Treatment of hypoglycemia _____

Retesting Protocol _____

School personnel trained to administer glucagon _____

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow. If required, glucagon should be administered promptly and then 9-911 and parents should be called.

Hyperglycemia (High Blood Sugar)

Usual symptoms of hyperglycemia _____

Treatment of hyperglycemia _____

Retesting Protocol _____

Circumstances when urine or blood ketones should be tested _____

Treatment for ketones _____

Location of Supplies

Blood glucose monitoring equipment _____ Snack foods _____

Insulin administration supplies _____ Other _____

Glucagon emergency kit _____

Ketone testing supplies _____

Contact Information

Parent/Guardian _____

Home _____ Cell _____ Work _____

Parent/Guardian _____

Home _____ Cell _____ Work _____

Other Contact _____

Home _____ Cell _____ Work _____

Student's Doctor _____ Work _____

Address _____ Fax _____

The following individuals have reviewed this Health Care Plan and support its implementation.

Parent / Guardian Signature _____ Date _____ Administrator Signature _____ Date _____ Doctor Signature (required) _____ Date _____

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Location of Supplies

Blood glucose monitoring equipment _____
 Insulin administration supplies _____
 Glucagon emergency kit _____

Ketone testing supplies _____
 Other _____

Hypoglycemia – Low Blood Sugar
Common Causes
 Too much insulin
 Missed or delayed food
 Too much or too intense exercise
 Unscheduled exercise

Hyperglycemia – High Blood Sugar
Common Causes
 Too much insulin
 Too much food
 Decreased activity
 Illness / infection or stress

MILD

Hunger
 Dizziness
 Shakiness
 Sweating
 Lack of concentration
 Poor coordination
 Personality or behavior change

Weakness
 Paleness
 Confusion

Other _____

SEVERE

Loss of consciousness
 Seizure
 Inability to swallow

Other _____

MILD

Increased hunger / thirst
 Frequent urination
 Fatigue / sleepiness
 Blurred vision
 Stomach pains
 Lack of concentration

Other _____

SEVERE

Nausea / vomiting
 Moderate or large ketones
 Sweet, fruity breath
 Labored breathing
 Confused
 Unconscious

Other _____

MILD BLOOD GLUCOSE < 70

- Provide 15 grams of carbohydrate OR 4 oz. of juice OR 3-4 glucose tablets
- Wait 15 minutes
- Recheck blood glucose
- Repeat treatment if blood glucose is <
- If > 1 hour before a meal, give a snack of carbohydrate and protein

SEVERE

- Call 9-911
- DO NOT give anything by mouth
- Contact trained medical personnel
- Administer Glucagon as prescribed
- Position on side, if possible
- Stay with student
- Contact parents

NEGATIVE KETONES

- Give extra water or sugar free drinks
- Allow use of bathroom as needed
- Encourage exercise
- Inform parents of frequent high readings

TRACE TO SMALL

- Give at least 8 oz. water every hour
- Recheck ketones at next urination

MODERATE TO LARGE

- Call parent
- Encourage water until parent is contacted
- If student has abdominal pain or is nauseous, vomiting, or lethargic, call for medical assistance if parent can't be reached

Emergency Contact Information

Contact # 1 _____ Relationship _____
 Home _____ Cell _____ Work _____

Contact # 2 _____ Relationship _____
 Home _____ Cell _____ Work _____

Student's Doctor _____ Work _____
 Address _____ Fax _____

The following individuals have reviewed this Health Care Plan and support its implementation.