

TYPE II DIABETES (Non-Insulin Dependent)
LICENSED HEALTHCARE PROVIDER ORDERS
Individualized Health Plan/Emergency Care Plan/504 Accommodations
Orders/care plan valid from August 1, _____ through July 31, _____

Student Name: _____	Birth Date: _____	Home Phone #: _____
Grade: _____	Teacher: _____	Bus: _____
Allergies: _____	Other Health Concerns: _____	
Parent/Guardian: _____	Work Phone: _____	Cell Phone: _____
Parent/Guardian: _____	Work Phone: _____	Cell Phone: _____
Other Emergency Contact: _____	Phone: _____	
Preferred Hospital: _____	Phone: _____	
Routine Medications: _____		
P.E. Days/Times: _____	Recess Times: _____	

PHYSICIAN ORDERS

Normal Blood Sugar Range: _____ to _____.

Blood Sugar Test Times:

- | | |
|--|--|
| ☐ Upon arrival at school (8:15 – 8:30 am) | |
| ☐ Before morning recess: _____ | ☐ After morning recess: _____ |
| ☐ Before lunch: _____ | |
| ☐ Before afternoon recess: _____ | ☐ After afternoon recess: _____ |
| ☐ Before P.E. class _____ | ☐ After P.E. class _____ |
| ☐ Before student boards bus at end of day (2:30 – 2:45 pm) | |
| ☐ Any time student complaining of or exhibiting symptoms of high. | |

High Blood Sugar Treatment:

- For blood sugar > _____. Encourage water intake over next 2 hours. Recheck blood sugar in 2 hours.
- For blood sugar >300 _____. Encourage water intake over next 2 hours. Recheck blood sugar in 2 hours. No physical activity (PE, athletics, or recess) until blood sugar < 300.

In event of classroom/school parties, food treats will be handled as follows:

- | | |
|---|--|
| ☐ Student will eat treat. | ☐ Replace with parent-supplied alternative. |
| ☐ Modify the treat as follows: _____. | |
| ☐ Save treat to take home for parent to allow at appropriate time. | |
| ☐ Schedule extra insulin per prearranged plan. | |

Scheduled after-school activities modifications: Activity: _____

Blood sugar check times: _____.

Activity modifications: _____.

Low/high blood sugar school plans will be supplied to supervisor/coach with instruction.

Parent will transport student at end of school day if blood sugar <60 or > 350.

All medications/emergency supplies stored in: _____ Student supplies provided by parent - glucometer w/strips; lancets; Ketodiatix,

My signature signifies that I have read and approved the Emergency Care Plans (attached). Date: _____

Physician Signature: _____

Phone Number: _____

Print Physician Name: _____

Fax Number: _____

PARENT/GUARDIAN CONSENT

My signature indicates my involvement in the Emergency Care Plan and information provided.

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

LIBERTY SCHOOL DISTRICT DIABETIC (Non-insulin dependent) HIGH BLOOD SUGAR PLAN

Student Name: _____ Grade: _____ Teacher: _____

***NORMAL BLOOD SUGAR RANGE: _____ TO _____

Diabetic supplies are stored in: _____

Medical Problem: Diabetes is a disease where the pancreas is unable to make insulin or enough insulin to control the amount of sugar in the bloodstream. High blood sugar can be caused by stress, too much food, too little exercise, dehydration.

Medical Problem: Caused by too much food, too little insulin, too little physical activity, illness, infection and stress. Onset can take several hours or days.

IF YOU SEE THIS:

*** _____ normal symptoms are in bold type***

MILD:

Thirst.	Frequent urination.
Fatigue.	Sleepiness.
Hunger.	Blurred vision.
Stomach pains.	Flushed skin.
Sweet smelling breath.	Weight loss.
Inability to concentrate.	

MODERATE:

Mild symptoms and dry mouth.
Nausea. Vomiting
Stomach cramps

SEVERE

Mild or moderate symptoms and
Labored breathing. Very weak.
Confused. Unconscious.

Breathing and/or heartbeat stops.

DO THIS:

IF _____ IS SHOWING SIGNS OF HIGH BLOOD SUGAR, AN ADULT SHOULD ACCOMPANY _____ TO THE OFFICE IMMEDIATELY. OR CALL THE OFFICE FOR ADULT HELP. NEVER SEND _____ ANYWHERE ALONE!!!!

- Have _____ check _____ blood sugar.
- Notify School Nurse at extension 2211.
- For blood sugar > _____
 - 1.) Have _____ drink 16 - 24 oz. of water over the next two hours. Recheck blood sugar in 2 hours.
 - 2.) Have student do 15 minutes of walking in hall/gym.
- For blood sugar > 300. Have _____ drink 16 - 24 oz. of water over the next 2 hours. Recheck blood sugar in 2 hours. No physical activity (PE, recess or athletics) until blood sugar < 300.
- For blood sugar > _____, check urine ketones. If ketones positive, notify parent immediately. If parent unavailable, notify MD.
- _____ should keep water bottle at their desk.
- _____ may need to use the bathroom frequently. _____ is allowed to leave the classroom without asking permission or notifying the teacher first.

CALL 911 IMMEDIATELY!!!

- Notify parent. Notify MD.
- DO NOT wait for parent to arrive before allowing EMS to transport _____ to the hospital.

CALL 911 IMMEDIATELY!!! Begin CPR/rescue breathing and continue until relieved by EMS.