

## SCHOOL HEALTH PROGRAM Orange County Schools

200 East King Street Hillsborough, NC 27278

## **Diabetic Care Plan (DCP)**

This plan should be completed by the student's personal diabetes health care team, including the parents/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel.

**Educational Goal**: Student will maintain health and well being necessary for learning. Student will attain and maintain blood glucose levels within their individual target range to enable them to achieve their academic goals and prevent crisis. Staff will work with student and parent/guardian in the prevention of recurrent episodes of hypo/hyperglycemia and will stress the importance of compliance with diabetes regimen as prescribed by the health care provider.

Student Name:		DOB:
Schoo <u>l</u>	School Year:	Teacher/Grade
Diabetes Diagnosis Da	ate	
Student Rides Bus #_		Car Rider ☐ Yes ☐ No Student Driver ☐ Yes ☐ No
After School Activities	☐ After School Care ☐ Spo	rts 🛘 Band 🔻 Other
Parent/Guardian:		Telephone #s:
Parent/Guardian:		Telephone #s:
Other Emergency Cor	ntact:	Telephone #s:
personnel to perform a release of the informa responsibility for my coermission to the schoorovider to obtain any school nurse and to provide to have the school nurse to have the school nurse and to provide to have the school nurse and to provide to have the school nurse and to provide the school nurse and the	and carry out the diabetes care tasks tion contained in this Diabetic Care Fhild and who may need to know this is sol nurse or another qualified health care information. I agrovide information about student's he his individualized Diabetic Care Plamedications will be administered	
Approved by:		
.pp.00000y	Student's Parent/Guardian	Date
Received by:		
	School Nurse	Date

PRESCRIBED MEDICATIONS						
☐ This Diabetic	Care Plan can be r	nodified per physici	an's order or with	written notice by pa	rents/guardians.	
carbohydrate ea	ten with ☐ S	ng units of_ nacks		sulin for every	grams of	
□ St	udent can count car	bohydrates unassiste	d			
□ Sp	pecial event/class for	od is allowed at parer	nts/guardian discret	ion		
□ Sp	pecial event/class for	od is allowed at stude	ent discretion			
☐ Student will r	eceive corrective in	nsulin dosing:				
□ At Snacl	k ☐ At Lunch	☐ Any time during	school hours if it ha	s been > 3 hours since	e last insulin dose	
>	but <	Give:	>	but <	Give:	
>	but <	Give:	>	but <	Give:	
If over		Give:	and contac	t the parent/guardian.		
Note:	Confirm CGM results	with blood glucose finge	er stick check prior to	administering corrective i	insulin dosing.	
Insulin Pump						
-		insul	lin numn Tyne of	f infusion set:		
·		·		Correction fa		
		n pump for sports act				
□ Yes □ No	Set a temporary bas	sal rate:	% temporary basal	for hour	S	
□ Yes □ No	Suspend pump use					
Insulin Adminis						
☐ Student will ha	ave all insulin admini	stered by a trained di	abetic care provide	r		
☐ Student can a	dminister all insulin v	with assistance/super	vision by a trained o	diabetic care provider		
☐ Student can a	dminister all insulin i	ndependently without	supervision per ph	ysician order and has	and shown him/herself	
proficient by den	nonstration					
☐ Student can tr	oubleshoot insulin p	ump alarms and malf	unctions independe	ently per physician orde	er	
☐ Student must keep all medication and testing supplies with them at all times						

BLOOD GLUCOSE MONITORING							
Target Blood Glucose Range Ismg/dL							
Call parent/guardian for any blood glucose level <mg dl="" or="">mg/dL</mg>							
Usual times to check blood glucose level:;;;;							
Additional blood glucose checks:   before exercise   other							
Note: A finger stick blood glucose check should always be used to check blood glucose level if hypo/hyperglycemia is suspected. If a student experiences symptoms of hypo or hyperglycemia, monitor student and refer to the hypoglycemia and hyperglycemia guidelines before returning to physical activity.							
Brand/Model of Glucose Meter							
Continuous Glucose Monitor (CGM)							
Note: Confirm CGM results with blood glucose meter finger stick before taking action on sensor blood glucose level. If student has symptoms of hypo/hyperglycemia, check finger stick blood glucose level regardless of CGM reading.							
☐ Student requires assistance/supervision by a trained diabetic care provider for blood glucose checks							
☐ Student can perform glucose checks independently without supervision per physician order and has and shown him/herself proficient by demonstration							
HYPOGLYCEMIA (LOW BLOOD SUGAR)							
Recognize the signs and symptoms of mild/moderate hypoglycemia: Never ask students with diabetes to wait until the end of a lesson or class when they have or complain of any of these symptoms: Hunger, Shakiness, Weakness, Anxiety, Paleness, Irritability, Dizziness, Sweating, Drowsiness, Headache, Blurry Vision, Poor Coordination, Behavior Change, Confusion, Inability to Concentrate, Slurred Speech, other:  Note: Finger stick blood glucose check should always be used to check blood glucose level if hypoglycemia is suspected.							
If blood glucose is <mg are="" blood="" dl="" low="" of="" or="" provide="" quick-sugar<="" signs="" sugar="" td="" then="" there=""></mg>							
source:							
□ other							
Note: Student must always have immediate access to snacks							
<ul> <li>▶ Monitor 10 to 15 Minutes and recheck blood sugar. Repeat food if symptoms persist or blood glucose <mg dl.<="" li=""> <li>▶ If blood sugar is &gt;70mg/dL but student continues to feel low or not well, monitor and re-test in 10-15 minutes.</li> </mg></li></ul>							
▶ If blood sugar <mg and="" blood="" dl="" for="" guardian="" immediately.<="" low="" monitor="" notify="" parent="" repeat="" sugar,="" td="" treatment=""></mg>							
➤ Blood sugar must be >mg/dL to participate in physical activity.							
IF STUDENT IS HAVING SEVERE SYMPTOMS SUCH AS: Unable to swallow, Seizures or becomes Unconscious-Stay with the student! Place student on their side. Have someone call 911 and the parent/guardian.							
□ Administer Glucagon Injection/Nasal Spraymg (ordered by physician and supplied by the parent/guardian)							
HYPERGLYCEMIA (HIGH BLOOD SUGAR)							
Recognize the student's symptoms of high blood sugar: increased thirst, blurred vision, frequent urination, dry skin, drowsiness, nausea, hunger, difficulty breathing  Note: The fingertip should always be used to check blood glucose level if hyperglycemia is suspected.							
➤ If blood sugar is > mg/dL for two consecutive tests, notify parent.							
➤ If blood glucose remains >mg/dL and hyperglycemic symptoms persist, contact parent to pick-up from school.							
➤ If blood sugar is >mg/dL check urine for ketones (parents must supply strips) If ketones present contact student's parent/guardian.							
➤ Avoid physical activity if blood sugar is >mg/dL or if urine ketones are moderate to large.							