

DIABETIC CARE PLAN FOR SCHOOL

PAGE 1

Enter School Year _____ Enter Current Date _____

A New Plan Is Required Each School Year.

LAST NAME	DOB	SCHOOL
FIRST NAME	GENDER	GR

- Student should check blood sugar before lunch and whenever student feels symptomatic. YES or NO
If yes for lunch time, school nurse will enter time. Lunch Time _____ AM or PM (Circle one)
- Student requires qualified individual to oversee blood sugar checks. YES or NO
- Student is allowed to carry diabetic supplies and snacks at all times. YES or NO
- Student requires oversight on field trips by a qualified individual. YES or NO
- Record the time and blood sugar results. YES or NO
- Student requires insulin injections during school. YES or NO . **IF YES, SPECIFIC ORDERS ARE REQUIRED.**
 - Student requires qualified individual to give insulin. YES or NO
 - Student can calculate, measure and give required insulin. YES or NO
- Student uses an insulin pump. YES or NO . **IF YES, SPECIFIC ORDERS ARE REQUIRED.**
 - Student needs supervision with carb counting and bolus calculation. YES or NO
 - Student needs help with giving boluses or operating pump. YES or NO
 - Recommendations of BS checks and response to BS <70: _____
- School lunch should be modified to substitute fruit for desserts, and student should drink milk, water, or diet drinks. Student should have a snack at ~ _____ a.m. or ~ _____ p.m. On field trips etc., every effort should be made to ensure the student gets snacks and lunch on time.
- If student is acting irritable, tired or complaining of not feeling well, student should be accompanied to the office to test blood sugar.
- If blood sugar is <70:
 - and snack/lunch is <30 minutes away - give 4 oz. of juice and student should eat snack/lunch and recheck if symptomatic.
 - If snack/lunch is more than 30 minutes away - give 4 oz. of juice and 4 peanut butter crackers and blood sugar should be rechecked if still symptomatic.
 - Notify Parent. YES or NO
- If blood sugar is >300 drink one - two 8 oz. glasses of water. Bathroom privileges should be provided as needed. Ketones should be checked. YES or NO . If Ketones are moderate to high, what action should be taken?

 Notify Parent. YES or NO
 Is Insulin required for high BS? YES or NO . If yes, explain _____

- Student should be observed at lunch and parent/guardian called if lunch is not eaten. YES or NO
- Parents are responsible for providing snacks, diabetic supplies, meters, and fast acting sugars like cake icing, glucose gel or dissolvable tablets.
- YES or NO Student should test BS Before or After Gym.
 List any gym or competitive sport restrictions or limitations _____

- Are there restrictions or limitations for classroom snacks and parties? YES or NO . If yes, explain

DIABETIC CARE PLAN (CONT.)

LAST NAME		FIRST NAME	
DOB	GENDER		

16. On Field trips student should take diabetic supplies, glucometer, and a source of fast acting sugar in case of a low blood sugar reaction.
17. Has student ever been given Glucagon? YES or NO . If yes, what were the circumstances, and were there any side effects from the Glucagon?

SYMPTOMS – DIABETIC CARE PLAN

Hypoglycemia (low blood sugar) sudden onset: This is a medical emergency.

Causes: Too much insulin and not enough food.

General symptoms: The 6 S's: Starving, sleepy, shaky, sweaty, spacey, stubborn, also tired, dizzy and irritable.

Please list specific red flag statements, symptoms or behaviors that the student says or exhibits when he/she becomes hypoglycemic or "low":

If student gets these symptoms, fast acting sugar should be given after the blood sugar is checked. Student should not be left alone. Fast acting sugar should not be withheld if BS cannot be checked.

If the BS is < 70 give fast acting sugar. (Fast acting sugar: 3 glucose tablets, ½ tube cake mate gel, ½ cup apple or grape juice or regular soda pop)

If student is conscious but unable to drink an entire glass of juice, cake icing, or glucose gel can be squirted into the space between the cheek and gum and then massaged into the mouth by rubbing on the outside of the cheek and jaw. This will raise the blood sugar up within 3-10 minutes.

In the rare event, student becomes unconscious or has a seizure, Call 911, place student on their side, and notify the school nurse and parent/guardian.

If necessary, 1 mg of Glucagon will be given by the paramedics, the nurse, or parent.

Hyperglycemia (high blood sugar) Slow onset. **Causes:** Too much food and too little insulin.

Student exhibits these symptoms when he/she is hyperglycemic or "high":

IF STUDENT EXHIBITS THESE SYMPTOMS, TEST THE BLOOD SUGAR AND FOLLOW THE DIRECTIONS ON PAGE 1.

EMERGENCY CONTACTS: Check Who Should Be Called First – CHECK ONE PERSON ONLY

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

X _____ **X** _____ **X** _____
ENDOCRINOLOGIST, PRINT NAME SIGNATURE DATE

PHONE NO. _____ FAX NO. _____

I agree with the diabetic care plan for my child and agree that school health personnel and my child's physician or staff may discuss this plan if there are questions.

X _____ **X** _____ **X** _____
PARENT/GUARDIAN PRINT NAME DATE

X _____ **X** _____ **X** _____
DATE REVIEWED BY SCHOOL NURSE PRINT NAME SIGNATURE