

SENECA VALLEY SCHOOL DISTRICT
DIABETES ACTION PLAN

Place
Child's
Photo
Here

STUDENT NAME: _____ DOB: _____ GRADE: _____ HOMEROOM: _____

TRANSPORTATION: BUS CAR DRIVE

Blood Glucose Monitoring

Target range of blood glucose _____

Student's ability to check blood glucose: Independent Needs Assistance

*****Independent testing must take place in the health office unless an emergency**

Routine testing time/s _____

Insulin Administration

Time: _____ Type(s): _____

Carb: Insulin Ratio: _____:_____

Insulin is administered via: Needle/Syringe Insulin pen Insulin pump Oral medication

Student's ability to administer insulin and count carbohydrates:

- Independent Nursing staff to perform until student is independent and then supervise
- Nursing staff to supervise student

*****Independent administration must take place in the health office**

For students on Insulin pumps only:

- Type of pump: _____
- Trouble shooting the pump alarms and codes: Independent Needs Assistance
- Insulin administered by: Bolus Dual wave
- Student's ability to administer bolus: Independent Needs Assistance

Lunch/Snacks

Lunch time _____ Packed lunch School lunch Packed +/- School lunch

Snack time _____ (stored in health office unless otherwise noted) _____

Student's ability to count carbohydrates: Independent Needs Assistance

*****If the student requires assistance counting carbs, when he/she brings the bag lunch from home the parent is responsible for writing down the # of carbohydrates they packed and sending a note with the student. This is required for snacks as well. Carb values for all school food items are available on the school website @ www.svsd.net under the menu tab.**

Physical Education

PE days and times: _____

- Blood glucose monitoring before PE Blood Glucose Monitoring after PE
- Snack required before PE

No PE class if blood glucose level is below _____ or above _____

Field Trips/Class Parties

Arrangements for field trips and class parties will be made after consulting with the parent, nurse and teacher. Each event will require an individualized plan.

*****Specific changes to existing orders will require written permission from the parent and doctor.**

Notes of concern:

Hypoglycemia (low blood sugar)

Usual Symptoms: _____

Student should be accompanied to health office to check blood glucose level and be monitored.

Notify parent if blood sugar is < _____

Treatment: _____ and recheck in 15 minutes.

***If student is conscious but unable to swallow, cake icing or instant glucose will be placed inside the cheek.

Will Glucagon be kept at school? No Yes If yes, Glucagon will be administered per the physician's order if the student becomes unconscious and/or is seizing; 911 will be called and the parent will be notified.

Hyperglycemia (high blood sugar)

Usual Symptoms: _____

Check Ketones if blood sugar > _____. Notify parent if +ketones

Notify parent if blood sugar is > _____

Student should drink water and be permitted to have water bottle in the classroom.

Contact Information

1. Mother _____ Home _____ Work _____ Cell _____

2. Father _____ Home _____ Work _____ Cell _____

3. Emergency Contact: _____ Home/Cell _____

4. Physician/Clinic for Diabetes Management _____

Phone# _____ Fax # _____

Parent/Guardian Signature _____ Date _____
(Required)

Physician Signature _____ Date _____
(Required)