



Diabetes Treatment Plan for School

Effective Date: _____

Student: _____ DOB: _____

Grade/Teacher: _____ School: _____

Type of Diabetes: ___Type I ___Type 2 Date of Diagnosis: _____

Blood glucose Monitoring

Meter Type: _____ Blood glucose target range: _____ - _____ mg/dl

Blood glucose monitoring times: _____

For suspected hypoglycemia

At student's discretion excluding suspected hypoglycemia

No blood glucose monitoring at school

Permission to monitor independently

Assistance with monitoring and results

Supervision of monitoring and results

Check blood glucose 10 to 20 minutes before boarding bus.

Diabetes Medication

___ No insulin at school: Current insulin at home _____

___ Student can independently manage insulin administration at school and at before/after school activities

___ Insulin at school: ___Humalog ___Novolog ___Apidra ___Other: _____

___ Insulin delivery device: ___ Syringe and vial ___ Insulin pen ___ Insulin pump

___ Insulin dose for school: _____ (outside of meal and snack times)

___ Meal bolus: _____ units of insulin per _____ grams of carbohydrate

___ Correction for blood glucose: _____ units of insulin for every _____ md/dl above _____ mg/dl.
(Correction bolus can be given with meals or every 3 hours if blood glucose levels are high)

Correction Scale

Blood Glucose Value	Units of insulin
100-150	
151-200	
201-250	
251-300	
301-350	
351-400	
Over 400	

Note: Insulin dose is a total of meal bolus and correction bolus

___ Parent/Guardian may adjust insulin doses within the following range: _____

Parents must notify the school nurse immediately of all insulin dose/ratio/pump setting changes

Adapted with permission from National Association of School Nurses H.A.N.D.S., SM2010

Meal Plan

1 carbohydrate choice = _____ grams of carbohydrate

_____ Meal plan prescribed (see below) _____ Meal plan variable

Breakfast Time: _____ # of carb choices = _____
 Morning snack time: _____ # of carb choices = _____
 Lunch Time: _____ # of carb choices = _____
 Afternoon Snack Time: _____ # of carb choices = _____

_____ Plan for pre-activity: _____
 _____ Plan for after school activities: _____
 _____ Plan for class parties: _____
 _____ Extra food allowed: _____ Parent/guardian's discretion _____ Student's discretion

Hypoglycemia

Blood Glucose < _____ mg/dl

_____ Self treatment of mild lows _____ Assistance for all lows
 _____ Immediately treat with 15 gm of fast-acting carbohydrate (e.g.; 4 oz juice, 3-4 glucose tabs, 6oz regular soda, 3 tsp glucose gel)
 _____ Recheck blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low.
 _____ If more than 1 hour until next meal or snack student should have another 15 gm of carbohydrate.
 _____ If child will be participating in additional exercise or activity before the next meal, provide an additional carbohydrate choice.
 _____ If student is using an insulin pump, suspend pump until blood glucose is back in goal range.

Severe Hypoglycemia

If the child is unconscious or having seizures due to low blood glucose immediately administer injection of:
Glucagon _____ mg (glucagon emergency kit) Baqsimi, Gvoke

- Immediately after administering the Glucagon, turn the student onto his side. Vomiting is a common side effect of Glucagon.
- Notify parent/guardian and EMS per protocol.

Hyperglycemia

Blood Glucose > _____ mg/dl

_____ Check ketones when blood glucose > _____ mg/dl or student is sick.
 _____ Use Correction Scale insulin orders when blood glucose is _____ mg/dl.
 _____ Unlimited bathroom pass.
 _____ Notify parent immediately of blood glucose > _____ mg/dl or if student is vomiting.
 _____ If student is using an insulin pump, follow DKA prevention protocol

Special Occasions

_____ Arrange for appropriate monitoring and access to supplies on all field trips.

 Signature of Physician/Licensed Prescriber Date Print name of Physician/Licensed Prescriber

 Clinic Address Phone Fax

 Parent Printed Name Parent Signature Date

Returned to: _____
 Nurse Phone Fax

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