AUSTIN PUBLIC SCHOOLS
INDIVIDUAL HEALTH CARE PLAN
School Year:_____

Name:		DOB:		Grade:	

DIAGNOSIS/CONDITION: DIABETES MELLITUS Age of onset:							
	Hunger or "butterfly feelings"		Headache		Blurred vision		Dizzy
	Stomach ache, nausea or		Shaky/trembling		Sweaty or pale		Irritable
	Rapid heart rate		Unconsciousness		Weak/drowsy		Anxious
	Dry mouth- thirsty		Sleepy or fainting		Inappropriate		Seizure

Severity of symptoms can change quickly, and rapidly progress to a life-threatening situation!
NEVER SEND STUDENT WITH ANY OF THE ABOVE SYMPTOMS ANYWHERE ALONE!

Low Blood Sugar: less than ____, but *conscious*	Low Blood Sugar: *unconscious*
▪ Give 15 grams of carbohydrates (1/2 cup juice, ½ can regular pop or 3-4 glucose tabs) ▪ Wait 10 minutes ▪ Recheck blood sugar ▪ If still less than ____ give 15 more grams of carbs ▪ Wait 10 more minutes ▪ Recheck blood sugar ▪ Repeat until blood sugar is ____ or more and student is alert, student may need a snack if their next meal is over an hour away. ▪ Return student to class	▪ Give instant glucose – **please circle preferred choice** Glucose Gel or Glucagon **(only LSN/RN/LPN may give glucagon and there must be a physician's order at school)** ▪ Turn student on side ▪ Call 911 ▪ Call parent ▪ Stay with student ▪ Other:

	High Blood Sugar: more than:
	Check ketones
	Offer drinks that **do not** contain carbohydrates (water, sugar free soda, crystal light)
	Call parent
	Other:

Insulin Type: _____ Dose at mealtime: _____ Date Issued:

Correction Scale (Provide indications for use)

BS	=	
BS	=	
BS	=	
BS	=	
BS	=	
BS	=	
BS	=	
BS	=	

	Daily school routines/Classroom information/Accommodations (to be filled out by health office staff)**:**
	Lunch time:
	Recess times (Elementary only): AM _____ PM
	Physical Education Elementary -- Time: _____ Days of the week:
	Physical Education Secondary-- All year: ___ 1st Semester: ___ 2nd Semester: _____ Time of day:
	Unlimited access to drinking water (if a container is needed it will be provided by the parent)
	Bathroom privileges when medically necessary
	Blood sugar testing as needed Set testing times:
	Regularly scheduled snacks, if applicable: AM _____ PM
	Re-take tests as needed for blood sugar imbalances
	Other:

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Equipment and supplies provided by parent:

- Blood sugar meter kit (includes all blood testing supplies for use at school)
- Insulin (in unopened original container)
- Ketostix
- Glucagon – if ordered by physician and the parent makes it available
- Fast acting carbohydrate drink and Glucose tablets or glucose gel product
- 5-6 pre-packaged snacks (crackers and cheese or peanut butter, etc.)
- Signed and dated sliding scales/bolus correction
- Storage location (to be filled out by health office staff):

Extra snacks/ parties (check all that apply):	
	Child will eat treat
	Teacher/staff will notify parent prior to activity
	Treat will be replaced with parent-supplied alternative
	Schedule extra insulin per pre-arranged plan (parent must provide in writing what plan will be with their signatures and the date the plan is for)
	Other

Students who ride the bus: If a low blood glucose episode occurs 30 minutes or less prior to departure, the designated staff or nurse (if in the building) will.	
	Call parent to inform of episode (regardless if blood glucose returns to normal or not)
	Allow child to ride the bus home if blood glucose returns to normal
	Call parent to pick up child (**students will not be sent on the bus with a low blood glucose**)
	Other:
If student is totally independent in care it is the student's responsibility to alert staff of high or low blood glucose occurring 30 minutes or less before the end of the day.	
Students who drive to school (high school only) (check all that apply)-If a low blood glucose episode occurs 30 minutes or less prior to departure ***student will:***	
	Treat mild hypoglycemia, wait 10 minutes and retest. If blood glucose returns to normal student will drive home.
	Call parent to inform of episode
	Call parent to pick up student if blood sugar does not return to normal. ***Students with low blood glucose or high blood glucose with a large amount of ketones will not be allowed to drive home.**
	Other:
If the student is totally independent in care it is the student's responsibility to alert staff of high or low blood sugar occurring 30 minutes or less before the end of the day.	

Field Trips	
	Totally Independent
	Parent accompanies child on field trip
	Other:

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Please put an X in the box that best describes your child's role in management of their diabetes (If an activity is marked as independent an RN or LSN from the Austin Public Schools will verify competency with the student.)

In order for activity to be marked as independent student must be able to perform task without reminders or assistance

For Students Wearing a Pump	Does it independently	Does it with supervision	Health Staff needs to assist	Health staff performs
Washes hands				
Puts strip in monitor				
Pricks finger: How often should lancet be changed?				
Reads monitor				
Records results/enters amount into pump				
Able to determine amount of carbs				
Give correct bolus for carbs				
Calculate and administer correction bolus				
Calculate and set temporary basal rate				
Recognize signs/symptoms of site infection				
Disconnect pump if necessary				
Reconnect pump infusion set				
Prepare reservoir and tubing				
Insert new infusion set				
Give injection with syringe or pen, if needed				
Troubleshoot alarms and malfunctions				

Health Care Provider:	Clinic:	Phone:
Hospital:	**Phone:**	

Person to Contact	*Relationship*	*Home Phone*	*Work/Alt. Phone*
1.			
2.			
3.			

Parent Signature:	Date:

OFFICE USE ONLY

Plan Initiated by:		Date:	
Plan Reviewed/Updated by:		Date:	
		Date:	

If 911 is needed – get a phone line, dial 9-911 (from a school phone) – *Notify office when 911 is called.*