Deer Valley Unified School District

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

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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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