EL PASO COUNTY SCHOOL HEALTH SERVICES
DIABETES TREATMENT PLAN

Student Name:_____ DOB:_____ School Year: _____

Defer to parents for level of assistance child needs.

PHYSICIAN SECTION: Please be sure to fill in all blanks and mark off sections as orders apply to student.

DIAGNOSIS: Diabetes Type I ☐ Diabetes Type II ☐ Gestational Diabetes ☐

1. Blood Glucose Testing:
Blood Glucose Target Range: _____mg/dL to _____mg/dL
[ ] Before meals
[ ] When student feels low/high or ill
[ ] Before PE/Exercise when last glucose check was greater than 2 hours prior
[ ] Other times: _____

Notify Parent if blood glucose is over _____mg/dL.
Notify MD if blood glucose is over _____mg/dL. Additional Comments: _____

*If blood glucose is lower than 70 or over 250 see "Information for School Personnel about Diabetes Mellitus."

2. Insulin Injection or Pump Bolus:
PLEASE NOTE: **Current doses may change over time. Please defer to parents for most current dose.**
Insulin to be given at school will be _____. Please bolus before meals
[ ] Bolus for Meals and Snacks: Give **1** unit of insulin for every _____ grams of carbohydrates.
[ ] Correction Bolus:
_____AM/PM to _____AM/PM- Give **1** unit of insulin for every _____mg/dL above _____mg/dL
_____AM/PM to _____AM/PM- Give **1** unit of insulin for every _____mg/dL above _____mg/dL

** Correction bolus for high blood glucose (sugars) should be given no sooner than every 2 hours. Insulin dosing may change by 20% of the prescribed insulin doses above. Parents will have the most up to date dosing instructions for their children. If there is a large discrepancy or if the parents are asking you to give doses that are greater than 20% off from the doses noted above, please call us at the # listed below and ask to speak to the endocrine staff.
Please round insulin dose to the nearest tenth unit when doing calculations and then administer insulin to the nearest ½ unit.

3. Seizure, Unable to Swallow, and/or Loss of Consciousness:
[ ] 1 mg of Glucagon IM or Sub-Q and call 911, glucose gel
[ ] 3 mg of Glucagon intranasal and call 911, glucose gel
(Glucagon to be administered by anyone properly trained in administration of Glucagon)

4. Exercise and Sports:
Restrictions on activity, if any:_____

Students should not exercise if blood glucose is below _____mg/dL or above 300mg/dL or if moderate to large amounts of ketones are present.

I authorize parents to exercise discretionary judgement in interpreting the amount of insulin to be given in my standing orders:
[YES] [NO] Is the student capable of self-administration of insulin (through injections or insulin pump) and checking blood glucose levels?

[YES] [NO] I recommend that this child carry his/her own medication.

[YES] [NO] Does the student need supervision of insulin administration? If yes, please observe insulin injections and assist with calculations.

Provider Signature: _____ **Date:** _____

Provider Name: _____ **Phone & Fax Number:** _____

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II. Parent/Guardian Section

Student Name _____ DOB _____

School _____ ID# _____ Grade _____

CONTACT INFORMATION:

Parent/Guardian: _____ Address: _____

Telephone-Home: _____ Work: _____ Cell Phone: _____

Other Emergency Contact: _____ Relationship: _____

Telephone-Home: _____ Work: _____ Cell Phone: _____

Student's Doctor/Health Care Provider: _____ Telephone: _____

Does the student wear a medical alert bracelet/necklace? ☐YES ☐NO

PARENT AUTHORIZATION SIGNATURE:

As parent/guardian of the above named student, I give permission for use of this health plan and any changes to this plan or future health plans for the school year (as indicated by my child's healthcare provider), and for the school nurse to contact my child's healthcare provider(s) regarding the above condition.

I also give permission to the School Nurse, the Unlicensed Diabetes Care assistant (UDCA) and any other designated staff members of my child's school to perform and carry out the diabetes care tasks as outlined by child's Diabetes Management and Treatment Plan. I also consent to the release of the information contained in this Diabetes Management Treatment Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

I agree to provide the school with all the supplies and medication(s) necessary to carry out the treatment plan for my child as indicated by my child's physician/healthcare provider.

I also agree to notify the school should there be any changes to my child's treatment plan at any time throughout the school year.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

****Applies to student's who's medical provider has indicated that the student is independent.****
My child is knowledgeable in the management of his/her diabetes and it is my wish that he/she be allowed to manage his/her diabetes independently while at school or at an off campus event. My child will seek assistance from the school nurse or diabetes care attendant as needed or in the event of a medical emergency.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

STUDENT SIGNATURE: _____ **DATE:** _____

This diabetes management plan has been read and reviewed by the school nurse and/or unlicensed diabetes care attendant.

School Nurse Signature: _____ DATE: _____

Unlicensed Diabetes Care Assistant Signature: _____ DATE: _____

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II. SECCION DEL PADRE/TUTOR

Nombre del Estudiante _____ Fecha de Nacimiento _____

Escuela _____ # de Identificacion _____ Grado _____

INFORMACION DE CONTACTO:

Padre/Tutor: _____ Domicilio: _____

Telefono-Casa: _____ Trabajo: _____ Celular: _____

Otro Contacto de Emergencia: _____ Relacion: _____

Telefono-Casa: _____ Trabajo: _____ Celular: _____

Medico del Estudiante _____ Telefono: _____

¿El estudiante usa una pulsera/collar de alerta médica? ☐Si ☐NO

FIRMA DE AUTORIZACION DEL PADRE:

Como padre/guardián del estudiante nombrado arriba, doy permiso para el uso de este plan de salud y cualquier cambio a el plan de salud (indicado por el medico) del año escolar, y a la enfermera de la escuela para contactar al proveedor profesional de salud de mi hijo con respecto a la condición mencionada anteriormente.

También doy permiso a la enfermera, la asistente de cuidado de la Diabetes sin licencia (UDCA) y cualquier otros miembros del personal designado de la escuela de mi hijo/a a realizar y llevar a cabo las instrucciones de cuidado de la diabetes como indicado en el Plan de tratamiento y manejo de la Diabetes de mi hijo/a. También doy mi consentimiento para la publicación de la información contenida en este Plan de tratamiento y manejo, a todos los miembros del personal y otros adultos que tienen el cuidado custodial de mi hijo/a y que necesitan saber esta información para mantener la salud y seguridad de mi hijo/a.

Estoy de acuerdo en proveer a la escuela con todos los suministros y medicamentos necesarios para llevar a cabo el plan de tratamiento para mi hijo/a como lo indica el médico.

También estoy de acuerdo en notificar a la escuela si existen cambios al plan de tratamiento de mi hijo/a en cualquier momento a lo largo del año escolar.

FIRMA DEL PADRE/TUTOR: _____FECHA: _____

****Se aplica a estudiantes cuando su proveedor medico ha indicado que el estudiante es independiente.****
Mi niño es experto en el manejo de su diabetes y es mi deseo que él o ella puede manejar independientemente su diabetes en la escuela o en un evento escolar. Mi hijo buscará ayuda de la enfermera o asistente de cuidado de la diabetes sin licencia, según sea necesario o en caso de una emergencia médica.

FIRMA DEL PADRE/TUTOR: _____FECHA :_____

FIRMA DEL ESTUDIANTE:
_____FECHA:_____

This diabetes management plan has been read and reviewed by the school nurse and/or unlicensed diabetes care assistant.

School Nurse Signature: _____DATE:_____

Unlicensed Diabetes Care Assistant Signature: _____DATE:_____

Information for School Personnel about Diabetes Mellitus

General Information

Diabetes is a condition in which the pancreas gland does not produce enough insulin. Insulin is a hormone that regulates blood glucose (sugar). As a result, the blood glucose level can be elevated. Most students have Type 1 diabetes and will require daily insulin administration. A balance between insulin, food intake, and exercise must be maintained to prevent blood glucose levels from being either too high or too low. Recurrent illness and requests to be excused from class should be discussed with the student, parents, and physician. Students may give their insulin via syringe, insulin pen, or insulin pump.

Blood Glucose Testing

Blood glucose monitoring is required for most individuals with diabetes. This involves pricking a finger, placing a drop of blood on a test strip, timing, and evaluating the results. This test procedure is usually performed at least 4-6 times daily. The information is then recorded and insulin doses adjusted by the student, depending on his/her age, or the parents, or the physician based on the results. The student may need to test his/her blood glucose before lunch and/or exercise, with snacks, during episodes of low blood glucose, or when not feeling well. School health personnel should be familiar with basic blood glucose monitoring techniques. The blood glucose equipment should be available in the classroom so the student can test him/herself when he/she feels low.

Dietary Management

Students with diabetes are instructed to match their diet with their insulin doses and are able to select their food from a school menu or bring their own lunch from home. This is true whether they use an insulin pump or injections. The following are some general guidelines:

1. The general dietary guidelines for children with diabetes are those recommended for all people; emphasis on vegetables, fruits, and whole grains, and low in sugar, fat, and cholesterol.
2. Adequate time should be provided for finishing meals and snacks.
3. All meals and snacks with carbohydrates should be covered with rapid acting insulin using the doctor's prescribed insulin to carb ratio.
4. Students who take rapid acting insulin before meals and snacks, such as Lispro (Humalog), Aspart (Novolog), or Gluilisine (Apidra) MUST start to eat within 5-10 minutes after the insulin injection.
5. Whenever possible, insulin should be given prior to eating. Some students who do not consistently finish all of their meals may need to take rapid acting insulin right after their meals.
6. Additional food may be necessary before strenuous exercise or additional exercise.

Exercise and Sports

Students with diabetes should be encouraged to participate in physical education and other school sports. The major consideration should be the prevention and/or early detection and treatment of low blood glucoses.

1. Vigorous exercise should begin slowly and gradually increase in level of intensity.
2. Exercise should be encouraged to be a regular occurrence, preferably at a fixed time, since food and insulin dose must balance with exercise.
3. Ideally, the students should check their glucose level before exercise. If the glucose level is below 150, they should eat a small snack (without insulin).
4. Physical Education teachers/coaches should be familiar with the symptoms and treatment of low blood glucose (see hypoglycemia, page 2).
5. Students should NOT exercise if symptoms of low blood glucose are present.
6. Fast-acting carbohydrates (i.e. juice, glucose tablets, regular soda) should be readily available at all times in case low blood glucose symptoms occur. These carbohydrates should be available in the classroom and the student should also carry an emergency source of carbohydrates with him/her at all times.
7. If the blood glucose before exercise is above 300mg/dL, they should check for ketones. If ketones are moderate to large, the student should not exercise (See hyperglycemia, page 3).
8. Contact the student's parent if after school activities extend into the dinner hour. Insulin injections may be required, followed by a substantial meal or snack. Parents and students need to plan ahead for such activities.

Information for School Personnel about Diabetes Mellitus

Hypoglycemia (Low Blood Glucose) <70mg/dL

Hypoglycemia occurs when blood glucose falls below 70 mg/dL. Most students are aware of when their blood glucose is low. Sometimes it can occur with little warning.
If the student is required to go to the nurse's office to test blood glucose when symptoms of low blood glucose are present, someone MUST accompany him/her to the nurse's office.

Causes:

- Too much insulin in the body
- Less food than usual
- Unexpected or unusually vigorous activity
- Larger insulin bolus that what was needed

Symptoms:

- Hunger
- Sleepiness
- Daydreaming
- Irritability
- Slurred speech
- Sweating (clammy)
- Personality changes
- Headache
- Inability to concentrate
- Weakness
- Pale appearance
- Poor coordination
- Shakiness/ trembling
- Dizziness

Hypoglycemia (Low blood sugar):

1. **BG<70 mg/dL and ABLE TO SWALLOW without difficulty:**
    a. Give child **15 grams** of carbohydrates, i.e. 4oz of juice OR 3-4 glucose tabs OR 3 packs of Smarties candies OR 15 skittles OR as a last resort 5 oz regular soda (any brand).
    b. Allow child to rest for 10-15 minutes and retest blood glucose.
    c. If glucose is **above 70 mg/dL**, allow child to proceed with school activities and provide a meal or snack in 30-60 minutes.
    d. If symptoms persist or blood glucose remains below 70 mg/dl, repeat A & B.
    e. If symptoms still persist, notify parent and keep child in clinic.
2. **BG<54 mg/dL and ABLE TO SWALLOW without difficulty:**
    a. Give child **30 grams** of carbohydrates, i.e. 8 oz of juice OR 6-8 glucose tabs OR 6 packs of Smarties candies OR 30 skittles OR as a last resort 10 oz of regular soda (any brand).
    b. Follow b-e above.
3. **BG<70 mg/dL and UNCONSCIOUS, SEIZING, OR UNABLE TO SWALLOW:**
    a. Activate emergency medical services (call 911)
    b. If available, inject Glucagon as directed.
    c. Place child on their side.
    d. Notify parent and/or physician.

****If no meter is available to test blood sugar, and symptoms are present, treat anyway!**
Hypoglycemia and an insulin pump: The pump should be disconnected if unconscious or if seizure occurs. Do not pull out the insertion set; just disconnect the catheter tubing from the insertion set. The basal rate may be stopped for 30 minutes to help the glucose numbers come up more quickly. This is done by setting the temporary basal rate at 0% for 30 minutes OR the pump can be disconnected. **If the pump is disconnected, it is important to reconnect the pump once the glucose level is over _____ mg/dL.**

Information for School Personnel about Diabetes Mellitus

Hyperglycemia: High blood glucose >250 mg/dL

Causes:

- Not enough insulin
- Too much food/miscounted carbs
- Illness, infection, stress
- Decrease in usual activity

Additional causes if on a pump:

- Dislodged infusion catheter* (most likely cause – check site)
- No insulin in pump cartridge
- Air in tubing
- Depleted insulin pump battery
- Pump malfunction

Symptoms

- Excessive thirst
- Frequent urination
- Fatigue
- Dehydration
- Breath with fruity odor
- Nausea/vomiting
- Stomachache

Hyperglycemia (High blood sugar):

1. **Hyperglycemia/Illness: BG>250 mg/dL or ILLNESS (regardless of blood glucose) check urine or blood ketones.**
    a. **If ketones are trace or small**, encourage 1-2 glasses of water hourly until ketones are negative. Correct with bolus of rapid acting insulin, but not more frequently than every 2 hours.
    b. **If ketones are moderate or large**:
        i. Student should remain in school or with caregiver for monitoring.
        ii. Student can remain in school if ordered treatment is completed and treatment is working.
        iii. Notify parent if patient is not feeling well. If student remains in school, retest blood glucose and ketones every 2 hours or until ketones are negative.
        iv. Notify physician if parents not available.
        v. Correct with bolus of rapid acting insulin.
        vi. Give 1-2 glasses of water every hour.
2. **Hyperglycemia and on an insulin pump:** these additional guidelines may also be necessary. Because only short acting insulin is used in insulin pumps, if something happens to the delivery of insulin to the student, he/she can go into ketoacidosis (moderate to large ketones) relatively quickly.
    a. **BG>250 mg/dL and ketones are trace or small**, (if insertion site is intact and not leaking insulin) a correction bolus via the pump needs to be given and the glucose needs to be rechecked in 2 hours.
    b. If after 2 hours the blood glucose is stil >250 mg/dL, the student needs an additional correction bolus (based on current glucose level) **with a syringe or insulin pen (disconnect the pump)**.
    c. Notify parents, change insulin pump cartridge, tubing and infusion set.
    d. **BG>250 mg/dL and ketones are moderate or large**, give correction bolus **via syringe or insulin pen (not the pump)**.
    e. Notify parents, change insulin pump cartridge, tubing and infusion set.
    f. If the parents cannot be contacted and the student is vomiting, breathing heavily, or the breath smells fruity (indicative of ketones) **call 911**.

Insertion Set Dislodgement (Insulin Pump)

a. If parents cannot be reached to reinsert the set or the student cannot reinsert the set, give correction bolus via syringe every 3 hours until the set is replaced.
b. Child will also need additional insulin via syringe or insulin pen to cover meals and snacks.

Supplies Needed at School

a. Glucose meter and strips
b. Lancet device and lancets (if student is on Continuous Glucose Monitor, supplies needed as back-up in case of CGM failure).
c. Alcohol pads
d. Insulin pen/Insulin vials and pen needles/insulin syringe (back up for pump malfunction)
e. Glucagon emergency kit (hypoglycemia)
f. 15 gm hypoglycemia treatment options (juice boxes, glucose tabs, snacks)
g. Pump supplies – extra batteries, reservoirs/infusion sets

If you have any questions or concerns, please do not hesitate to call the student's medical provider.