Bellevue School District **DIABETES Individual Health Plan WITH PUMP**

Talk with counselor about academic 504

Name:	_____	Birth Date:	_____	
School:	_____	Grade	_____	

Type 1 diabetes: A condition where the pancreas isn't making insulin or is making very little insulin. Insulin is needed to help glucose enter cells to produce energy.	

SYMPTOMS OF LOW BLOOD SUGAR:	**SYMPTOMS OF HIGH BLOOD SUGAR:**
	
Other symptoms: Drowsiness, sweating, headache, tired	Other symptoms: Headache, stomachache, flushed, confused

Short Acting Insulin	_____ (type/name)
Delivery Method	_____ (type of pump)
Insulin to Carb Ratio	**Breakfast** 1 Unit per: _____ grams of carbs **Lunch** 1 Unit per: _____ grams of carbs
Blood Glucose Correction Factor	1 Unit Insulin per: _____ mg/dL if blood glucose is over _____
Target Blood Glucose	_____
Glucagon Dose/Route	_____ mg (dose) _____ (route)
Continuous Glucose Monitor	_____ (type)
Long Acting Insulin:	_____ (units). This is not required to be given at school and is only to be used for overnight trips with parent permission.

The dosing on this care plan may change based on many factors. Changes in dosing **DO NOT require a new care plan as doses can change frequently and the family is the authority on current regimen.*

****School nurses ARE authorized to adjust insulin dose by +/- up to 20% for singular occurrences after consultation with the parent/caregiver.***

CALCULATING THE INSULIN DOSING:	
For carbohydrate coverage	Total grams of carbs divided by the insulin-to-carb ratio
For blood glucose correction	**Current blood - Target Blood Sugar/Correction Factor** (Current blood glucose MINUS target blood sugar DIVIDED by correction factor) – ADD insulin dose for covering carbs with insulin dose for correction and round DOWN to nearest ½ unit for the correct dose.

FOR HYPOGLYCEMIA WITH PUMP: ***CAN BE LIFE THREATING; STUDENT SHOULD BE ESCORTED*** **– For Blood glucose under 70mg/dL.**

- Give 10-15 grams fast-acting carbohydrate such as: _____
- Recheck blood sugar in 15 minutes. If below 70, repeat carbohydrates and recheck in 15 minutes.

*If student is unconscious, unresponsive, difficulty swallowing, or evidence of a seizure CALL 911 immediately and disconnect insulin pump. Nurse or trained PDA may administer injectable Glucagon per orders. Nurse or delegated staff member may administer nasal Glucagon per orders.

*Do not give insulin to cover carbohydrates given to treat low blood glucose.

FOR HYPERGLYCEMIA: Blood glucose over 300mg/dL. Pump malfunction can cause hyperglycemia and may require insulin via injection.

- Check insertion site/tubing for leaks, air bubbles, kinks, and proper insertion.
- Ketones: Immediately test for ketones. If ketones are MODERATE/LARGE, contact parents and send home. If unable to reach parents PAGE diabetes nurse at 206-987-2000.
- Insulin for correction should only be given if more than 3 hours since last dose of insulin.

BEFORE P.E.: _____ (Day) _____ (time)

- If blood glucose is _____ **or higher**: No snack needed.
- If blood glucose is **between _____ to _____** s/he needs to eat _____ **gm carbs** before P.E.
- If blood glucose is **under _____** s/he needs to eat _____ **gm carbs** before P.E.

RECESS CONSIDERATIONS (If recess is after lunch):

_____

DESIGNATED PDA? ☐ No. ☐ Yes: _____

DISASTER PLAN & ORDERS: In the event of a disaster we are more concerned about **hypo**glycemia than hyperglycemia.

- Long acting basal insulin is not required at school
- Mild hyperglycemia for 1-3 days is acceptable in an emergent situation.
- Continue to deliver insulin for food per pump's recommendation.
- Parent is responsible for providing and maintaining "disaster kit".
- To prevent hypoglycemia set a temporary basal rate of 90% (10% reduction) for 24 hours. This will need to be reset daily until relief/food is available).
- Continue to deliver insulin for food intake per the pump's recommendations.

DISASTER GLUCAGON ADMINISTRATION: In the case of a disaster or true emergency where the parent, nurse, PDA, or other licensed, knowledgeable individual is unavailable, other school personnel will administer glucagon to student (*see OSPI guidelines for Care of Student with Diabetes – p89.*) in the event of severe hypoglycemia. Staff to follow guidelines on how to prepare and inject glucagon. If glucagon is administered, check blood glucose and recheck every 10 minutes until blood glucose is > 80 mg/dL.

SELF CARRY, HEALTH CARE PROVIDER please check one box & sign below *(BSD staff has been trained to assist with medication administration):*

☐ **YES**** student may SELF CARRY. ☐ **YES**** student may SELF ADMINISTER.

****Checking "Yes"** indicates that student has been thoroughly instructed in the purpose and appropriate method/frequency of use and/or safe carrying and/or administration of medication. Student/parent/guardian/provider understand the responsibilities of self-carrying and self-administering at school. *Middle and high school students are encouraged to self-carry and self-administer medication as possible.*

☐ **NO**, student MAY NOT self carry. ☐ **NO**, student MAY NOT SELF ADMINISTER.

PROVIDER- PLEASE SEE BELOW FOR AUTHORIZATION AND SIGNATURE

Licensed Health Care Provider's signature:	Date:		Phone:	
_____ *Signature authorizes medication for length of school year*	School year:		Fax:	

PARENT/GUARDIAN/STUDENT (age 18 and older) RESPONSIBILITIES:

- I will notify the school nurse of any changes in health status or healthcare provider instructions.
- I will keep track of expiration dates for the medication(s) and replace if expired or used.
- I will provide prescription medication(s) in original pharmacy container labeled with student name, medication name, strength of medication, dose, and time of administration OR I will provide non-prescription medication in the original container with the student name.
- I will provide additional supplies for diabetes management to the health room.
- I will provide additional snacks to the classroom and health room.
- I understand for "self-carrying" medication, back-up medication in the health room is recommended.
- Students who "self-carry" medication are responsible for carrying medication during school and for all school clubs, activities, sports, field trips.
- If my student attends extended day/childcare, clubs before- and after-school, evening, and summer activities, I will notify the program director of my student's medication and health care needs.

PARENT/GUARDIAN/STUDENT (age 18 and older) - <u>Please check only one box & sign below:</u>

☐ I request that I/my student be allowed to **self-carry and/or self-administer this medication**.

☐ If I do not/my student <u>DOES NOT</u> self-carry, I request that the authorized/trained person(s) at school assist me/my student in taking the medicine(s) described above.

If I/my student has permission to <u>SELF-CARRY and/or SELF-ADMINISTER THIS MEDICATION</u> I/my student understands the responsibility of self-carrying medication at school and recognizes the school will not track compliance, expiration, or amount.

I agree to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of any injury resulting from reasonable and prudent administration of medication, the reasonable performance of health care procedures, or the liabilities arising out of self-administration and self-carrying of medication by my student/me. BSD staff have been trained to assist with medication administration.

I accept this Individual Health Plan. *My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.*

Parent/Guardian/Student (age 18) signature: _____	Date: _____		Phone: _____
			_____

<u>INDIVIDUAL CONSIDERATIONS:</u>

Student shall be permitted to keep phone/utilize phone to monitor condition throughout the day.

504: Consider consultation with counselor/nurse regarding classroom/building accommodations (Section 504 accommodations)

Classroom:

- Teacher to inform substitute teachers of the student's Individual Health Plan
- Student will be escorted (by buddy or adult) to health room if high/low blood glucose concerns/symptoms. May also request RN/PDA to location of student.
- Teacher to notify parent/guardian, nurse, PDA (if available), & office staff regarding change in class schedule, activities, field trips, and parties, etc to allow time to adjust insulin dosages or food appropriately.
- Allow for water, snacks, restroom breaks, and blood glucose testing.

Field Trip Procedures: Students who self-carry are responsible for their own medication. Medication and IHP will accompany student during any off-campus activity.

School Nurse: Will notify teachers, other school staff, transportation, and nutrition services of student's IHP

Other:

- Insulin dosing may also be verified over phone with parent/guardian.

Please return to:

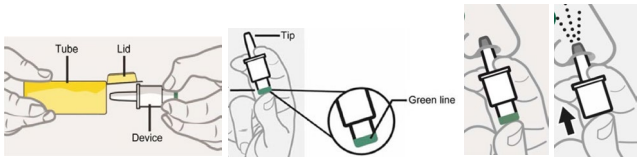
School Nurse: _____	**Email:**	_____@bsd405.org	**Phone:**	425-456-_____
			Fax:	425-456-_____

Updated 2/23/26

RESCUE MEDICATION INSTRUCTIONS

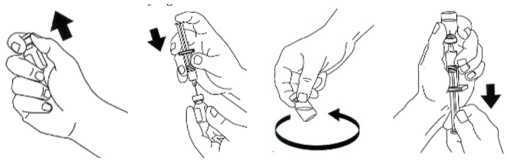
BAQSIMI (Glucagon Nasal Powder):

1. Remove device from tube – do *NOT* press plunger
2. Hold device between fingers and thumb – do *NOT* press plunger
3. Insert tip into one nostril until fingers touch the outside of the nose.
4. Push plunger firmly all the way in
5. Dose is complete when green line disappears.



GLUCAGON (Administered by nurse only):

1. Remove flip off seal. Clean rubber stopper with alcohol.
2. Remove needle cap and inject entire contents into the bottle of glucagon.
3. Gently swirl contents. Solution should be clear and water-like consistency.
4. Using the same syringe, hold bottle upside down and withdraw all of the solution.
5. Cleanse injection site (buttock, arm, or thigh) with alcohol.
6. Insert the needle and inject all of the solution.
7. Turn patient to the side and feed once they are awake and able to swallow.



See also BSD Policy/Procedures: 2410 Student Health; 3411 Life Threatening Health Conditions; 3413 Student Immunization and Life-Threatening Health Conditions; 3415 Accommodating Students with Diabetes; 3416 Medication at School; 3418 Emergency Treatment
Other resources: https://diabetes.org/; https://www.baqsimi.com/how-to-use-baqsimi/; https://www.glucagonemergencykit.com/index.php/instructions-for-use/; https://diabetes.org/about-diabetes/devices-technology/insulin-pumps-relief-and-choice#:~:text=For%20people%20living%20with%20diabetes,at%20your%20direction%2C%20around%20mealtime.