PARKLAND SCHOOL DISTRICT

DIABETES NURSING MANAGEMENT PLAN

STUDENT NAME:		**EFFECTIVE DATE:**	
SCHOOL:		**DATE OF BIRTH:**	
PARENT NAME:		**GRADE:**	
ADDRESS:		**TELEPHONE NO:**	
DATE OF DIAGNOSIS:		**DIABETES:**	**Type 1** ☐ **Type 2** ☐
PHYSCIAN/PROVIDER:		**TELEPHONE NO:**	
TYPE OF METER:		**TYPE OF PUMP:**	

BLOOD GLUCOSE MONITORING AT SCHOOL:

Target range for blood glucose is:
Blood glucose levels should be checked during school: **YES** ☐ **NO** ☐
If YES, number of times during school hours:
When during school hours:
Notify parent if student does not report for testing: **YES** ☐ **NO** ☐
Can student do own blood glucose check: **YES** ☐ **NO** ☐
Additional blood glucose checks to be done: (**CHECK ALL THAT APPLY)**

- ☐ Before exercise / when needed
- ☐ After exercise / when needed
- ☐ When student exhibits symptoms of hypoglycemia
- ☐ When student exhibits symptoms of hyperglycemia

INSULIN VIA PUMP:

Type of Insulin in pump:
Insulin / Carbohydrate Ratio:
Correction Factor:

STUDENT PUMP SKILLS:	**NEEDS ASSISTANCE:**
Count Carbohydrates	**YES** ☐ **NO** ☐
Bolus correct amount for Cho consumed	**YES** ☐ **NO** ☐
Calculate & Administer corrective bolus	**YES** ☐ **NO** ☐
Disconnect Pump	**YES** ☐ **NO** ☐
Reconnect pump at infusion set	**YES** ☐ **NO** ☐
Prepare reservoir & tubing	**YES** ☐ **NO** ☐
Insert infusion set	**YES** ☐ **NO** ☐
Trouble shoot alarms & malfunctions	**YES** ☐ **NO** ☐

INSULIN VIA SYRINGE:

Give type of Insulin at lunch daily.

Insulin to be given: ☐ Before lunch (within 5 minutes of eating)
☐ After lunch (within 10 minutes of finishing)

Student follows: ☐ Flexible dosing: UNITS / GRAMS
☐ Base dose is: UNITS
☐ Sliding scale:

UNITS if blood glucose is	TO	MG/DL
UNITS if blood glucose is	TO	MG/DL
UNITS if blood glucose is	TO	MG/DL
UNITS if blood glucose is	TO	MG/DL
UNITS if blood glucose is	TO	MG/DL

Can student give own injections? **YES** ☐ **NO** ☐
Can student determine correct amount of insulin? **YES** ☐ **NO** ☐
Can student draw correct dose of insulin? **YES** ☐ **NO** ☐
Parents are authorized to adjust the insulin dosage? **YES** ☐ **NO** ☐

HYPOGLYCEMIC TREATMENTS:

Students will be accompanies to health room with complaints of blood glucose symptoms.

When blood glucose levels are under , GIVE

1. 15gm CHO snack
2. Retest in 15 minutes
3. If remains low repeat 15gm CHO, call parent
4. Retest in 10-15 minutes
5. Other treatments

IF STUDENT IS UNCONSCIOUS ACTIVATE EMERGENCY PLAN.

HYPERGLYCEMIC TREATMENTS:

When blood sugar is above

1. Give insulin correction per Health Care Provider as indicated below:

2. Recheck blood glucose in
3. Check for ketones if blood sugar is above
4. If positive for ketones:
   a. Call parent
   b. Drink every hour
   c. If ketones are moderate to high contact parent and encourage parent to call Health Care Provider promptly.
5. Other treatments

EXERCISE & SPORTS:

A snack is needed before gym class **YES** ☐ **NO** ☐
A snack is needed after gym class **YES** ☐ **NO** ☐

Gym class is restricted when blood glucose is below , above or if moderate to large ketones are present.

SUPPLIES AT SCHOOL:

Parents will maintain an adequate supply of:

- ☐ Blood glucose meter, test strips
- ☐ Lancet device, lancets
- ☐ Urine ketone strips
- ☐ Insulin pump & supplies
- ☐ Insulin, insulin pen, syringes, cartridges
- ☐ Fast-acting glucose
- ☐ CHO snack & protein snacks
- ☐ Glucagon emergency kit

MEDICAL EMERGENCY PROCEDURE:

1. Standard Emergency Procedures apply.
2. Teachers will carry cell phones, test kit, medications and parent provided snacks during field trips unless other plans are provided by parent prior to field trip.)
3. Parents inform and educate bus driver.

THIS DIABETES NURSING MANAGEMENT PLAN HAS BEEN APPROVED BY:

_____ _____
STUDENT'S PHYSICIAN/HEALTH CARE PROVIDER DATE

_____ _____
PARENT'S SIGNATURE DATE