



Anchorage School District

Diabetes Pump Care Plan



Student:	DOB:	Grade:	Student ID:
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Hx of Condition and Supplies (parent/guardian to provide ALL supplies to the School Nurse)

☐ Type I Diabetes	☐ Type II Diabetes	☐ CGM Model: _____
☐ Insulin Pump Model: _____	Mode: ☐ Automated/Control IQ/SmartGuard	☐ Manual
☐ Onboard fast-acting insulin: _____		
☐ Ketone test supplies	☐ Backup glucometer	☐ Glucometer strips
☐ Emergency meds	☐ Backup fast-acting	☐ Backup long-acting
		☐ Lancets
		☐ Pen needles

☐ Step 1: Blood Glucose Correction Dose (BGCD)

☐ Check current blood glucose	☐ before breakfast	☐ before lunch	☐ other: _____
☐ May use CGM for dosing			
☐ Use glucometer if,	☐ BG rapidly changing when dosing	☐ To confirm hypoglycemia	
	☐ Hyperglycemia >400	☐ Calibration	☐ Other: _____
☐ If BG is less than 70 mg/dL, treat with carbohydrate per hypoglycemia protocol.			
☐ If BG is greater than Target BG, calculate and give BGCD...			
☐ By entering current blood glucose in the dosing/bolus calculator on the pump.			
☐ By injection according to the formula below if pump fails.			
Parameters		Formula	
Target Blood Glucose: _____ mg/dL		(Current BG – Target BG)	
Correction Factor: _____		= Units of _____	
		Correction Factor (fast-acting insulin)	
<i>*If giving BGCD by injection, skip the BGCD if the student received a bolus of fast acting insulin with the last 3 hours (includes CCD).</i>			

☐ Step 2: Calculate Carb (CHO) Coverage Dose (CCD)

☐ Calculate the total grams of CHO that the student thinks they will eat from their meal.		
☐ Calculate and administer CCD in units of fast-acting insulin		
☐ By entering total grams of CHO intake into the pump's dosing/bolus calculator.		
☐ By injection according to the parameters and formula below if pump fails.		
Parameters	CHO Ratio	Formula
☐ All meal/snack intake	1 U insulin per _____ CHO	$\frac{\text{Total grams of CHO intake}}{\text{CHO Ratio}} = \text{CCD}$
☐ Snacks	1 U insulin per _____ CHO	
☐ Time/Meal: _____	1 U insulin per _____ CHO	
☐ Time/Meal: _____	1 U insulin per _____ CHO	
☐ Time/Meal: _____	1 U insulin per _____ CHO	

☐ Step 3: Administer fast acting insulin bolus.

CCD + BGCD = Total Insulin Dose
<i>*Pump recommended dose may vary from calculated dose (factors in insulin onboard, adjustments factored by pump automated delivery, etc.) Use the pump recommended dose.</i>

Medical Provider:	NPI:	Phone:
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Emergency/Additional Medications

- | |
|--|
| ☐ Glucagon/Gvoke ____ mg IM or SQ PRN for hypoglycemia <70 mg/dL and unable to swallow, or seizure, or unconscious. Refer to "Algorithm for Blood Glucose Results." |
| ☐ Baqsimi 3mg Intranasal PRN for hypoglycemia <70 mg/dL and unable to swallow, or seizure, or unconscious. Refer to "Algorithm for Blood Glucose Results." |
| ☐ Long-acting insulin (_____) ____ units SQ DAILY. When pump non-operational, nurse to check with parent/guardian to coordinate timing of long-acting dose. |
| ☐ Other: |

Other Diabetic Care Orders

General

- ☐ If not symptomatic for hypoglycemia, always check BG in ☐ Classroom ☐ Health office ☐ No restriction
- ☐ If student has symptoms of hyper/hypoglycemia, refer to "Algorithm for Blood Glucose Results". With hypoglycemia, check and treat BG where the student is located.
- ☐ If infusion set comes out at school, attempt to change set and call parent/guardian, then recheck BG in one hour to ensure BG is improving.
 - ☐ If unable to change out the infusion set or BG not improving, follow orders for BGCD Q3H and CCD PRN by injection, and contact parent/guardian.
- ☐ If BG >250 mg/dL, repeat BG in 2 hours and refer to Algorithm for ketone guidance.
- ☐ Check ketones with signs of illness including abdominal pain, upset stomach, and vomiting.
- ☐ Student must have cell phone or other device needed for CGM monitoring and/or controlling insulin pump.
- ☐ School Nurse must have district-issued device to receive shared CGM readings in the health office.
- ☐ The student will not leave campus for school sanctioned activities for any reason without first coordinating with the school nurse (*school nurse should address this in the 504/IEP*).

Physical Activity (PE, Recess, After School Sports)

- ☐ Quick acting source of glucose (glucose tab or juice) should be available at the site of the physical activity.
- ☐ Student will monitor BG hourly during all physical activity (PE, recess, after school sports). Refer to Algorithm
- ☐ Before activity, check BG using CGM or glucometer.
 - ☐ If less than ____ mg/dL, correct BG per protocol to above ____ mg/dL before participation.
 - ☐ If less than ____ mg/dL, consume ____ grams of CHO with protein before participation.
- ☐ Student should eat ____ grams of CHO ☐ Pre-activity ☐ Q30min ☐ Q1H ☐ Post-activity
- ☐ Activate pump's Activity/Exercise Mode or Temp Target of ____ mg/dL for ____ minutes at
 - ☐ Start of Activity ☐ ____ minutes before activity
- ☐ May disconnect from the pump for exercise, but no longer than ____ hour(s).

Adjustments

- ☐ Pump settings can be adjusted up to 20% by parent/guardian without a new Care Plan.

End of Day

- ☐ Check BG before leaving school at end-of-day. If less than ____ mg/dL, provide a ____ gm CHO snack with protein. If less than 70 mg/dL, treat per "Algorithm for Blood Glucose Results."

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Additional Orders

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Medical Provider Assessment of Student's Diabetes Management Skills

Skill	Independent	Supervise*	Dependent	Notes
Check blood glucose	☐	☐	☐	
Count carbohydrates	☐	☐	☐	
Calculate insulin dose	☐	☐	☐	
Troubleshoot CGM alarms	☐	☐	☐	
Troubleshoot pump alarms	☐	☐	☐	
Set temp basal rate	☐	☐	☐	
Activate activity programs	☐	☐	☐	
Change infusion set	☐	☐	☐	
<i>*The nurse or parent/guardian authorized staff are expected to observe for accuracy and completion of skills requiring supervision.</i>				

Medical Provider:	NPI:	Phone:
Signature:	Email:	Date:

Parent/Guardian Authorization

I request that the medication(s) and diabetes care outlined on this plan be given to my child. I will provide needed medications or supplies for care in school. Employees and agents of the Anchorage School District ("ASD") strive to provide treatment consistent with the appropriate standard of care but are not infallible. I agree to release, defend, indemnify, and hold harmless ASD from any liability for the risks or results of the care, which may include INJURY, ILLNESS, or DEATH, or the way it is administered, including for NEGLIGENCE. I will notify ASD immediately if the medications or protocols change. I give permission for the exchange or release of health information between the medical provider listed above and ASD as part of the provision of my child's care. I agree for the nurse to share health information with ASD staff on a need-to-know basis for my child's safety and to foster academic success. I understand that ANY remaining diabetes care supplies will be disposed of at the end of the school year, unless I pick up the remaining supplies by the last school day, as indicated on the ASD school year calendar.

Name:	Phone:
Signature:	Date:

This authorization expires at the end of the current school year.

ALGORITHM FOR BLOOD GLUCOSE RESULTS

Student Name: _____

Student's usual LOW blood glucose symptoms

- | | |
|---|--|
| ☐ Shaky or jittery | ☐ Uncoordinated |
| ☐ Sweaty | ☐ Irritable, nervous |
| ☐ Hungry | ☐ Argumentative |
| ☐ Pale | ☐ Combative |
| ☐ Headache | ☐ Change in personality |
| ☐ Blurry vision | ☐ Change in behavior |
| ☐ Sleepy | ☐ Unable to concentrate |
| ☐ Dizzy | ☐ Weak, lethargic |

Student's usual HIGH blood glucose symptoms

- | | |
|---|--|
| Hyperglycemia | Emergency Levels |
| ☐ Increased thirst | ☐ Extreme thirst |
| ☐ Dry mouth | ☐ Nausea and vomiting |
| ☐ Frequent urination | ☐ Severe abdominal pain |
| ☐ Change in appetite | ☐ Fruity breath |
| ☐ Blurry vision | ☐ Dyspnea |
| ☐ Fatigue | ☐ Lethargy |
| ☐ Other: _____ | |

Check Blood Glucose

Below 70

70 - 125

126 - 250

Above 250

1. Give ____ gm fast-acting carbohydrate
2. Observe for 15 minutes then retest blood glucose.
 - a. If less than 70 mg/dL, repeat ____ gm carbohydrate and retest in 15 min.
 - b. If over 70 mg/dL and not eating a meal within an hour, give carbohydrate and protein snack without insulin coverage.
3. Notify school nurse and parent if no improvement.
4. Student should not exercise.

If participating in physical activity, refer to "Physical Activity" orders, otherwise no action needed.

No action needed

EXERCISE AND SPORTS

- ✓ Assure has quick access to water for hydration, fast-acting carbohydrates, snacks and monitoring equipment.
- ✓ Student should not exercise if blood glucose level is below 70 mg/dl or

8-10 GM of fast-acting CHO

- 1 pouch Honest juice
- 2 glucose tablets
- 2-3 Starbursts
- 2 sugar packets.

Do not give chocolate

15 GM of fast-acting CHO

- ½ cup of regular juice
- 3-4 glucose tablets
- Tube of glucose gel
- 1 Welch's gummy
- 4 Starbursts
- 1 pouch Caprisun
- 1 Yoggigummy pouch.

Do not give chocolate

INJECTIONS

1. Give BGCD and recheck blood glucose in 2 hours
2. Provide free, unrestricted access to water and the restroom.
3. Check ketones if symptomatic or ill; or if blood glucose >250 twice in a row; or if missed last long-acting insulin injection.
 - a. If ketones are absent, encourage exercise and water
 - b. If ketones present:
 - No exercise; give water
 - Consult with provider for BGCD
 - c. Notify parent/guardian for pick-up

PUMP (troubleshoot pump for tubing kinks, insulin supply, etc)

1. If pump is not operational; or BG above 250 x2; or symptomatic for ketones:
 - a. Change infusion set, or transition to injections.
 - b. Check ketones
 - If ketones are absent, encourage exercise and water
 - If ketones present, no exercise; give water, and consult with provider for BGCD
2. If pump is operational and two hours since last bolus, treat with BGCD via pump. Re-check blood glucose in two hours.
3. Notify parent/guardian for pick-up

CALL 911 if student becomes unconscious, seizures or is unable to swallow

- Turn student on side to ensure open airway.
- Give glucagon as ordered. Keep student in recovery position on side.
- Notify school nurse, parent and HCP
- Wait 15 minutes;
 - If not responsive or still unsafe to swallow but BG remains <70 mg/dL, repeat glucagon.
 - If responsive, BG remains <70 mg/dL and patient can safely swallow, provide 15 gm of CHO.
 - If BG is > 70 mg/dL, provide a 10-15 gm CHO snack with protein without insulin coverage.

Never send a child with suspected low blood glucose anywhere alone.

CALL 911 if the student has ketones with altered LOC, Kussmaul breathing, or difficulty awakening.
Notify school nurse, parent and healthcare provider.



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Non-Delegable Nursing Duties Parental Authorization

Federal Laws require all students attending public schools to have access to health care during the school day and for school sponsored activities if necessary for the student to participate in a school program.

The Alaska Board of Nursing (BON) does not authorize registered nurses to delegate certain medications and procedures. Parental Delegation of these medications and procedures when a school nurse is not available to administer them is allowed in 12 AAC 44.975. In an Alaska BON advisory opinion, the "Medication Administration in the School Setting Delegation Decision Tree" was adopted as a plan to allow parents to delegate to school staff with nurse involvement in training and follow-up. The trained school staff must provide care for the student consistent with this Care Plan based on healthcare provider instructions and parent input.

Parent/Guardian Authorization

Staff Authorized to perform diabetic management:

Name: _____	Position: _____
Name: _____	Position: _____
Name: _____	Position: _____
Name: _____	Position: _____

Non-delegable medication(s): _____

Training

- ☐ _____ (initial) I **ATTENDED** the training session(s) provided to the school staff identified above, agree that the content was appropriate for diabetic management for my child.
- ☐ _____ (initial) I **DID NOT ATTEND** the training session(s) provided to the school staff identified above but have reviewed the curriculum and agree that the content is appropriate for diabetic care for my child.

I, the parent/legal guardian, understand that in the absence of the school nurse, other trained school staff indicated below will administer this medication. I agree to defend, and hold named school district employees harmless from any liability resulting from the medication or the manner, in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. I will notify the school immediately if the medication is changed and understand that the nurse may contact the health care provider or pharmacist regarding this medication.

I hereby acknowledge that I have read and understand this form and agree to its content. I have authorized the nurse to train school staff using a standardized curriculum to administer the medication(s) below to my child according to my child's IHP when the school nurse is not available.

Parent/Guardian Name: _____	Phone: _____	
Signature: _____	Initials: _____	Date: _____

This authorization expires at the end of the current school year.