Northshore School District

DIABETES INDIVIDUAL HEALTH CARE PLAN - Secondary

Student: _____ **Student ID #**_____ **Birthdate:** _____

Graduation Year:_____ **School:**_____

Goal: To promote student self-management of diabetes, recognize signs of high and low blood sugar, and provide appropriate assistance and emergency care. **Use in conjunction with School Diabetes Medication Orders from endocrinology clinic/provider.**

Preferred parent/guardian contact name and number _____

Age at student's diabetes diagnosis: _____ ☐ Type 1 Diabetes ☐ Type 2 Diabetes ☐ Other: _____

Any hospitalizations in the last year? ☐ No ☐ Yes, include dates: _____

Other illnesses or disabilities ☐ No ☐ Yes: _____

Last A1C _____ on date _____ (optional)

Insulin delivery----------

Injections: ☐ No ☐ Yes, type: _____. See health care provider's orders for current dosing.

Pump: ☐ No ☐ Yes, type: _____.

CGM: ☐ No ☐ Yes, type: _____. Does parent monitor CGM remotely? ☐ No ☐ Yes

The school nurse can check CGM for alarms for students who are not independent. It is not feasible to constantly monitor the device due to other responsibilities. The school nurse may review readings at specific times and respond to alerts when necessary, as outlined in this individual health care plan (IHP).

Location of Glucagon rescue medication: ☐ Health Room ☐ Student's backpack ☐ Other_____

Glucagon route is ☐ nasal ☐ injection

Does your child have a PDA (Parent Designated Adult)? ☐ No ☐ Yes

Student's Self Care Ability ----------

☐ Independent / No Supervision

☐ Some Supervision

☐ Dependent / Full Supervision

Blood Glucose Monitoring ----------

☐ signs/symptoms of hypo or hyperglycemia ☐ CGM alarms

☐ before lunch ☐ after lunch ☐ during or before school after school activities

☐ before PE ☐ after PE ☐ before bus ride or walking home

☐ behavioral concerns ☐ other: _____

Activity Planning ----------

School or classroom provided food/snacks will be handled as follows:

☐ Student will eat the treat ☐ Replace with parent-supplied alternative

Insulin correction will be administered as per the diabetic plan of care, or parent will prearrange dosing with the school nurse.

Field trips: Diabetes supplies are taken and care is provided: ☐ by parent ☐ by student ☐ other:_____

While on field trips, all diabetic supplies and care will be provided by the student if independent in diabetic care, or, by an accompanying parent or pre-arranged PDA if the student requires partial or full-supervision. School nurses do not routinely attend field trips.

Before or after school activities: Is your student involved in school-sponsored activities or sports outside the school day?

☐ No ☐ Yes*_____

*It is the responsibility of parent to inform adult/coach of student's condition and medication requirements, and to provide medication for the activity.

Academic considerations and accommodations, **in addition to those on Emergency Care Plan**----------

- Student is allowed access and time for blood glucose testing, snacks, hydration, and insulin administration, in the classroom and/or in the health room.
- If the student needs to take breaks to check blood glucose, or treat hypoglycemia or hyperglycemia during a test or other activity, the student will be given extra time to finish the test or activity.
- When the student experiences either a high blood glucose reaction or low blood glucose reaction, his or her thought processes are likely to be adversely affected. Accommodations may be needed during the time immediately before and for at least one hour after the high or low episode was treated without penalty. The student may inform the teacher at that time and request to reschedule academic work impacted, if blood glucose is not in target range at time of classwork or testing.
- Student needs access to his/her own phone and/or smart watch to monitor and treat blood sugar.

Student Accommodations/504 Consent ----------

☐ Yes, I DO CONSENT to an evaluation and placement for a Section 504 Plan. I am aware that there will be an annual review of the plan and periodic evaluations. I have received a copy of *Your Rights Under Section 504*, and the district *Board Policy on the Use of Isolation, Restraint, and Other Uses of Reasonable Force*.

☐ My student has an IEP.

Parent/Guardian Responsibilities----------

- Provide supplies and prescribed medications with the Medication Authorization Form or Seattle Children's Diabetes Orders signed by the health care provider prior to the first day of school.
- Provide properly pharmacy-labeled medications and replace medications after use or upon expiration.
- Inform school nurse of any changes in student's health status, care, or medication orders.
- If your student is self-carrying medication, arrange for your student to always have supplies at school and school activities. A back-up set of emergency supplies in the health room is strongly recommended.

Nurse Responsibilities----------

- Complete Emergency Care Plan and share with school staff and transportation department
- Provide annual health training to staff, and as needed, individual education regarding student's needs

Nurse Signature: _____ Date:_____

Parent Signature:_____ Date:_____

Student Signature:_____ Date:_____

Annual review: If there are no changes, this form may be reviewed in subsequent school years

Parent signatures	Date	Student signature	Date	School Nurse Signature	Date