

# ISD 318 Diabetes Health Plan

**Date of Plan:** \_\_\_\_\_

*This plan should be completed by the student's personal health care team and parents/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that is easily accessed by the school nurse, trained diabetes personnel, and other authorized personnel.*

<b>Student's Name:</b>	<b>Date of Birth:</b>
Age of Diabetes Diagnosis:	
Homeroom Teacher:	Grade:
Physical Condition: <input type="checkbox"/> Diabetes type 1 <input type="checkbox"/> Diabetes type 2	

**Contact Information**

<i>Mother/Guardian:</i>			
Email address:			
<b>Telephone</b>	Home:	Work:	Cell:
<i>Father/Guardian:</i>			
Email address:			
Telephone	Home:	Work:	Cell:

**Student's Doctor/Health Care Provider:**

Name:	
Address:	
Telephone:	Emergency Number:

**Other Emergency Contacts:**

Name:			
Relationship:			
Telephone	Home:	Work:	Cell:
Notify parents/guardian or emergency contact in the following situations:			

**Blood Glucose Monitoring:**

Target range for blood glucose is  70-120  70-150  Other \_\_\_\_\_

Usual times to check blood glucose \_\_\_\_\_

**Times to do extra blood glucose checks (*check all that apply*)**

- before exercise
- after exercise
- when student exhibits symptoms of hyperglycemia
- when student exhibits symptoms of hypoglycemia
- other (explain): \_\_\_\_\_

Can student perform own blood glucose checks?  Yes  No

Exceptions: \_\_\_\_\_  
\_\_\_\_\_

Type of blood glucose meter student uses: \_\_\_\_\_  
\_\_\_\_\_

**Insulin**

**Usual Lunchtime Dose**

Base dose of Humalog/Novolog /Regular insulin at lunch (*circle type of rapid-/short-acting insulin used*) is \_\_\_\_\_ units or does flexible dosing using \_\_\_\_\_ units/ \_\_\_\_\_ grams carbohydrate.

Use of other insulin at lunch: (*circle type of insulin used*): intermediate/NPH/lente \_\_\_\_\_ units or basal/Lantus/Ultralente \_\_\_\_\_ units.

**Insulin Correction:**

Parental authorization should be obtained before administering a correction dose for high blood glucose levels.  Yes  No

\_\_\_\_\_ 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

under the following circumstances:

\_\_\_\_\_

\_\_\_\_\_

### For Students with Insulin Pumps

Type of pump: \_\_\_\_\_ Basal rates: \_\_\_\_\_ 12 am to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Type of insulin in pump: \_\_\_\_\_

Type of infusion set: \_\_\_\_\_

Insulin/carbohydrate ratio: \_\_\_\_\_ Correction factor: \_\_\_\_\_

### *Student Pump Abilities/Skills:*

### *Needs Assistance*

Count carbohydrates  Yes  No

Bolus correct amount for carbohydrates consumed  Yes  No

Calculate and administer corrective bolus  Yes  No

Calculate and set basal profiles  Yes  No

Calculate and set temporary basal rate  Yes  No

Disconnect pump  Yes  No

Reconnect pump at infusion set  Yes  No

Prepare reservoir and tubing  Yes  No

Insert infusion set  Yes  No

Troubleshoot alarms and malfunctions  Yes  No

**For Students Taking Oral Diabetes Medications**

Type of medication: \_\_\_\_\_ Timing: \_\_\_\_\_

Other medications: \_\_\_\_\_ Timing: \_\_\_\_\_

**Meals and Snacks Eaten at School**

Is student independent in carbohydrate calculations and management?  Yes  No

<i>Meal/Snack</i>	<i>Time</i>	<i>Food content/amount</i>
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____
Dinner	_____	_____

Snack before exercise?  Yes  No

Snack after exercise?  Yes  No

Other times to give snacks and content/amount:

\_\_\_\_\_

Preferred snack foods:

\_\_\_\_\_

Foods to avoid, if any: \_\_\_\_\_

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): \_\_\_\_\_

\_\_\_\_\_

**Exercise and Sports**

A fast-acting carbohydrate such as \_\_\_\_\_ should be available at the site of exercise or sports.

Restrictions on activity, if any: \_\_\_\_\_ student should not exercise if blood glucose level is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl or if moderate to large urine ketones are present.

### **Hypoglycemia (Low Blood Sugar)**

Usual symptoms of hypoglycemia: \_\_\_\_\_

Treatment of hypoglycemia: \_\_\_\_\_

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow.

Route \_\_\_\_\_, Dosage \_\_\_\_\_, site for glucagon injection: \_\_\_\_\_ arm, \_\_\_\_\_ thigh, \_\_\_\_\_ other.

***If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance) and the parents/guardian.***

### **Hyperglycemia (High Blood Sugar)**

Usual symptoms of hyperglycemia: \_\_\_\_\_

Treatment of hyperglycemia: \_\_\_\_\_

Urine should be checked for ketones when blood glucose levels are above \_\_\_\_\_ mg/dl.

Treatment for ketones: \_\_\_\_\_

### **Supplies to be kept at School**

\_\_\_\_\_ Blood glucose meter, blood glucose test strips, batteries for meter

\_\_\_\_\_ Lancet device, lancets, gloves, etc.

\_\_\_\_\_ Urine ketone strips

\_\_\_\_\_ Insulin pump and supplies

\_\_\_\_\_ Insulin pen, pen needles, insulin cartridges

\_\_\_\_\_ Fast-acting source of glucose

\_\_\_\_\_ Carbohydrate containing snack

\_\_\_\_\_ Glucagon emergency kit

## Signatures

**This Diabetes Health Plan has been approved by:**

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Student's Physician/Health Care Provider

Date

- Prescription medication(s) will only be given with written parent permission and written orders from your Health Care Provider.
- All Medication(s) must come to school in the original pharmacy container, not baggies, envelopes, etc. Parents are asked to bring medication to the school office. Medication(s) SHOULD NOT be sent to school with the student.
- Whenever possible medication should be given at home instead of school.
- All medication (prescription or nonprescription) will be taken in the nurse's office. Students may not have medication in their possession, except with a written physician's order. **(No controlled substance will be allowed to be self administered even if a physician's order is presented)**
- Please notify the nurse if there are any changes made in the medication to be given (dosage change, discontinued, hold, etc.) A new order will be needed to make changes especially if a new medication is prescribed.
- **Your signature on this form also serves as a release for the nurse to exchange information with the Health Care Provider (via fax, telephone, or written) and appropriate school staff regarding medication and health issues/concerns. This information is private data and will be kept confidential.**
- I release the school personnel from any liability in relation to this request when the medication is given as ordered. I understand the school is rendering a service and does not assume any responsibility for this matter. I understand that a school nurse or designated person will administer the medication.
- Please notify the nurse of all the medication your child is taking even if they are taking it at home. This is important in case of an emergency.

**Acknowledged and received by:**

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Student's Parent/Guardian

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Date

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Student's Parent/Guardian

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Date