

DIABETES - Individualized Healthcare Plan			School Year: _____	Picture
STUDENT INFORMATION				
Student:	School:	DOB:	Grade:	
Parent:	Phone:	Email:		
Physician:	Phone:	Fax or Email:	DMMO	
School Nurse:	School Phone:	Fax or Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Type I	<input type="checkbox"/> Type II	Age at diagnosis: _____		
Parent: complete the above section, read and sign below and return to school nurse.				
As parent/guardian of the above named student, I give permission for my child's healthcare provider to share information with the school nurse for the completion of this plan. I understand the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse of any change in the student's health status, care or medication order. If medication is ordered I authorize school staff to administer medication described below to my child. If prescription is changed a new prescriber order must be completed before the school staff can administer the medication. Parents/Guardian are responsible for maintaining necessary supplies, medications and equipment.				
Parent Signature: _____			Date: _____	
BLOOD GLUCOSE MONITORING				
<input type="checkbox"/> Student is independent <input type="checkbox"/> Student needs assistance <input type="checkbox"/> Student needs supervision				
<input type="checkbox"/> Student has a Continuous Glucose Monitoring System (CGMS) - CGMS readings are for trends only, ALWAYS verify with blood glucose before any dosing				
Always test if student is showing signs/symptoms of high or low blood glucose!				
INSULIN DELIVERY (per instructions from PCH, correction doses can be given at mealtime only, unless on a pump)				
Method of insulin delivery: <input type="checkbox"/> Pump <input type="checkbox"/> Insulin Pen <input type="checkbox"/> Syringe/vial		<input type="checkbox"/> Student is independent <input type="checkbox"/> Student needs supervision <input type="checkbox"/> Student needs assistance (attach training documentation if applicable)		
High Blood Glucose Correction Dose for PUMP only: If BG over _____ mg/dl, give correction per pump calculation				
Lunch: Student will typically eat <input type="checkbox"/> School Lunch (staff can help with carb counts) <input type="checkbox"/> Home Lunch (parent must provide carb counts)				
HYPOGLYCEMIA- Low Blood Glucose		HYPERGLYCEMIA-High Blood Glucose		ADDITIONAL INFORMATION
Emergency situations may occur with low blood sugar!		Symptoms: Increased thirst, increase need for urination, other _____		<ul style="list-style-type: none"> Student must always be allowed access to fast-acting sugar. Student is allowed to carry a water bottle and have unrestricted bathroom privileges. Student is allowed to test his/her blood glucose when/where needed Substitute teachers must be aware of the student's health situation, but still respecting privacy <p>CALL 911 IF:</p> <ul style="list-style-type: none"> Glucagon is administered Student is unable to cooperate to eat or drink anything Decreasing alertness or loss of consciousness Seizure
Symptoms: shaky, feels low, feels hungry, confused, other _____		<input type="checkbox"/> Student needs treatment when blood glucose is over _____ mg/dl		
<input type="checkbox"/> Student needs treatment when blood glucose is below _____ mg/dl or if symptomatic <input type="checkbox"/> If treated outside the classroom, a responsible person MUST accompany student to the office <input type="checkbox"/> If blood glucose is below _____ mg/dl give _____ <input type="checkbox"/> After 15 minutes recheck blood sugar <input type="checkbox"/> Repeat until blood glucose is over _____ mg/dl <input type="checkbox"/> Disconnect or suspend pump		<input type="checkbox"/> If blood sugar is over _____ mg/dl contact parent <input type="checkbox"/> Allow unrestricted bathroom privileges <input type="checkbox"/> Encourage student to drink water or sugar-free drinks If vomiting call parent immediately!		
Notify parent(s)/guardian when blood glucose is below _____ mg/dl or above _____ mg/dl				
SPECIAL CONSIDERATIONS (Academic testing, Snacks, PE, School Parties, Field Trips)				
PE: <input type="checkbox"/> 15 gram carb (free) snack before PE <input type="checkbox"/> Check BG before PE <input type="checkbox"/> Do not exercise if BG is below _____ mg/dl or above _____ mg/dl				
SPECIAL CONSIDERATIONS AND PRECAUTIONS:				
School Parties: <input type="checkbox"/> No coverage for parties <input type="checkbox"/> I:C Ratio <input type="checkbox"/> Student to take snack home <input type="checkbox"/> Parent will provide alternate snack <input type="checkbox"/> Other: _____				
Field Trips: _____				
ACADEMIC TESTING: <input type="checkbox"/> Student may reschedule academic testing with teacher, as needed, if blood glucose is below _____ or over _____				
Other: _____				
EMERGENCY MEDICATION (See DMMO)				
Person to give Glucagon : <input type="checkbox"/> School Nurse <input type="checkbox"/> Parent <input type="checkbox"/> EMS <input type="checkbox"/> Volunteer(s) (Specify): _____				
Attach volunteer(s) training documentation				
Location of Glucagon: _____				
SIGNATURES				
The above named student is under my care. The above reflects my plan of care for the above named student.				
Prescriber Signature (if no DMMO): _____			Date: _____	
School Nurse Signature: _____			Date: _____	
Please try to plan all class/school parties right before lunch, or later in the afternoon so that parents can dose at home with their next meal.				

Date _____

Glucagon Authorization Form

In Accordance with Utah Code 53A-11-603

Name of Student _____ Date of Birth _____

Name of School _____ Grade _____

I _____ parent/guardian (circle one) of above student certify that glucagon medication has been prescribed for him/her. I request that the student's public school identify and train school personnel who volunteer to be trained in the administration of glucagon medication in accordance with Utah Code 53A-11-603. I authorize the administration of glucagon medication in an emergency to the student in accordance with Utah Code 53A-11-603.

Parental Responsibilities:

- The parent or guardian is to furnish the glucagon medication and bring to the school in the current original pharmacy container and pharmacy label with the child's name, medication name, administration time, medication dosage, and healthcare provider's name.
- The parent or guardian, or other designated adult will deliver to the school and replace the glucagon medication within two weeks if the glucagon single dose medication is given.
- If a student has a change in his/her prescription, the parent or guardian is responsible for providing the newly prescribed information and dosing information as described above to the school. The parent or guardian will complete an updated Glucagon Authorization Form before the designated staff can administer the updated glucagon medication prescription.
- The parent or guardian will complete, sign and deliver a Diabetes Medication Form if the student is to possess glucagon medication at all times.

*I give permission for the school nurse to contact my child's healthcare provider if clarification is needed to administer glucagon. I agree to meet the parental responsibilities listed above. **I give permission for school personnel to release personal or medical information about my child in a health-related emergency situation if necessary.** I understand this completed and signed form authorizes designated school personnel to administer glucagon in emergency situations consistent with Utah Law.*

Parent Signature _____ Date _____

Phone Number _____ Emergency Number _____

DIABETES EMERGENCY ACTION PLAN

Picture

Student Name: _____ DOB _____ Grade: _____
 Parent/Guardian: _____ Phone(s): _____

CHECK BLOOD GLUCOSE

Below 70 (or _____) (Hypoglycemia)	70 – 90	91 – 125	126 – 250	Above 250 (or _____) (Hyperglycemia)
<p>SEVERE HYPOGLYCEMIA Combative Inability to swallow Unable to control airway Loss of conscious stress Seizure</p>	<p>MODERATE HYPOGLYCEMIA Blurry Vision Weakness Headache Sleepiness Behavior change Poor coordination Slurred speech</p>	<p>MILD HYPOGLYCEMIA Hunger Pale/ness Dizziness Crying Shakiness Poor concentration Personality change Drowsiness</p>	<p>If exercise is planned before a snack or meal (including recess) the student must have a snack before participating.</p>	<p>MILD/MODERATE HYPERGLYCEMIA Thirst Frequent Urination Stomach pains Fatigue/sleepiness Flushing of skin Increased hunger Blurred vision Lack of concentration Sweet, fruity breath Dry mouth</p>
<p>ACTIONS FOR SEVERE HYPOGLYCEMIA 1. Don't attempt to give anything by mouth. 2. Position on side, if possible. 3. Contact trained diabetes personnel. 4. Discontinue insulin if prescribed. 5. Administer glucagon if prescribed. 6. Call 911. 7. Contact parents/guardian. 8. Stay with student.</p>	<p>ACTIONS FOR MODERATE HYPOGLYCEMIA 1. Give student 15 grams fast-acting sugar source. 2. Wait 10 to 15 minutes. 3. Recheck blood glucose. 4. Repeat 15 grams carbohydrate if symptoms persist OR blood glucose is less than 70. 5. Follow with a snack of 15 gram carbohydrate and a protein (e.g., cheese and crackers).</p>	<p>ACTIONS FOR MILD HYPOGLYCEMIA If student's blood sugar result is immediately following strenuous activity, give an additional 15 grams of fast-acting carbohydrate.</p>	<p>Causes of Hypoglycemia: Too much insulin, missed food, delayed food, or exercise</p>	<p>ACTIONS FOR MILD/MODERATE HYPERGLYCEMIA 1. Allow liberal bathroom privileges. 2. Encourage student to drink water or sugar-free drinks. 3. Check blood glucose & administer insulin per physician orders 4. Contact parent if blood sugar is over 300 mg/dl.</p>
<p>Causes of Hyperglycemia: Too much food, too little insulin, illness, stress, or decreased activity</p>				
<p>FAST ACTING SUGAR SOURCES: 3-4 glucose tablets OR 4 ounces juice OR 6 ounces regular soda OR 3 teaspoons glucose gel OR 3 teaspoons sugar in water</p>				
<p>Never send a child with suspected low blood glucose anywhere alone!!! Never provide insulin coverage for carbohydrate/glucose being used to treat hypoglycemia. *Severe symptoms are a life-threatening emergency. Adapted with permission from National Association of School Nurses H.A.N.D.S. SM 2008</p>				