

# DIABETIC HEALTH CARE PLAN

Student Photo

STUDENT \_\_\_\_\_

GRADE/HOMEROOM \_\_\_\_\_

TRANSPORTATION \_\_\_\_\_ bus \_\_\_\_\_ car \_\_\_\_\_ driver

## CONTACT TELEPHONE NUMBERS IN PRIORITY

Call *Name* *Telephone Number* *Relationship*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Checking Blood Glucose Location \_\_\_\_\_

Student permitted to carry meter \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_ before lunch \_\_\_\_\_ 1-2 hours after lunch \_\_\_\_\_ before exercise

\_\_\_\_\_ before snacks \_\_\_\_\_ when he/she feels low or ill

\_\_\_\_\_ after snacks \_\_\_\_\_ before getting on the bus

## Treatment for Low Blood Glucose (Hypoglycemia)

\_\_\_\_\_ Student may treat "low" with food according to schedule under

if blood glucose is less than 70 give \_\_\_\_\_

if blood glucose is less than 50 give \_\_\_\_\_

Retest blood glucose 15 minutes after treating "low"

**CALL PARENT WHEN BLOOD GLUCOSE IS LESS THAN \_\_\_\_\_**

Notify Parent and record blood glucose value and treatment.

Snacks are provided by parent /guardian and located \_\_\_\_\_

Comments:

Will glucagon be provided? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes describe the circumstances when it should be administered. \_\_\_\_\_

Amount to be administered \_\_\_\_\_ mg(s) IM and call 911

## Treatment of High Blood Glucose (Hyperglycemia)

Can Student draw correct dose, determine correct amount, and give own injection? \_\_\_\_\_ yes \_\_\_\_\_ no

Comments:

\_\_\_\_\_ Always call parent for dosage

Call parent/ and or doctor when blood glucose is greater than \_\_\_\_\_

My child's insulin is administered via:

\_\_\_\_\_ Needle/syringe \_\_\_\_\_ Insulin Pen \_\_\_\_\_ Insulin Pump

Please provide instructions if student requires emergency medication while using school transportation and/or special considerations and safety precautions (regarding school activities, sports, trips, etc.)

**INSULIN**

Daily lunchtime dose \_\_\_\_\_ Type of Insulin \_\_\_\_\_

Parental authorization should be obtained before administering a correction dose for high blood glucose levels.  
 \_\_\_\_\_ yes \_\_\_\_\_ no

Type of Insulin \_\_\_\_\_ Insulin is located \_\_\_\_\_

\_\_\_\_\_ 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

**For Students with Insulin Pumps**

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

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

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

\_\_\_\_\_ Parents are authorized to adjust the insulin dosage under the following circumstances:

**Management of Diabetes in School**

The checklist MANAGEMENT OF DIABETES IN SCHOOL indicates the activities that are self-managed, those needing assistance from school personnel and those requiring parental involvement. The following checked activities apply to \_\_\_\_\_, and must be performed during the school day in order for him/her to maintain glucose control.

ACTIVITY/ SKILL	Independent Student	School Assistance	Parental Involvement
Carbohydrate Counting			
Blood Glucose Monitoring			
Insulin Injection Dosage			
Insulin Injection Administered			
Treatment for Mild Hypoglycemia			
Selection of Snacks and Meals			
Testing of Urine Ketones			
Management of Insulin Pump			

**Authorization for the release of information:** I hereby give permission for \_\_\_\_\_ School to exchange specific, confidential medical information with \_\_\_\_\_ (physician/clinic) on my child \_\_\_\_\_ to develop more effective ways of providing for the healthcare needs of my child in school.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_