

Diabetes Health Care Plan for _____

School _____ Effective Dates: _____

To be completed by parents and the student's health care team. This document should be reviewed with necessary school staff and kept with the student's school records and where easily accessible by staff in emergencies.

Student's Name: _____ Date of Birth: _____

Grade: _____ Home Room Teacher: _____

CONTACT INFORMATION:

Parent/Guardian #1:

Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Parent/Guardian #2:

Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Student's Health Care Providers:

Doctor: _____

Address: _____

Telephone number: _____

Other Emergency Contact:

Name: _____

Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Notify parent/guardian or emergency contact in the following situations:

BLOOD GLUCOSE MONITORING

Target range for blood glucose is _____ mg/dl to _____ mg/dl.

Usual times to test blood glucose: _____

Times to do extra blood glucose test (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 test? Yes _____ No _____

Exceptions: _____

Type of blood glucose meter student uses: _____

INSULIN

Types, times and dosages of insulin injections to be given during school:

<u>Time</u>	<u>Type(s)</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

FOR STUDENTS WITH INSULIN PUMPS

Type of pump: _____ Basal rates: _____

Insulin/carbohydrate ratio: _____ Correction factor: _____

Is student competent regarding pump? Yes No

Can student effectively troubleshoot problems (e.g., ketosis, pump malfunction)?

Yes

No

Comments: _____

MEALS AND SNACKS EATEN AT SCHOOL

The carbohydrate content of the food is important in maintaining a stable blood glucose level.

Insulin to Carbohydrate Ratio _____

<u>Meal/snack</u>	<u>Time</u>	<u>Food content/ amount</u>
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: _____

A source of glucose such as _____
Should be readily available at all times.

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:

EXERCISE AND SPORTS

A snack such as _____ should be available at the site of exercise or sports.

Restrictions on activity, if any _____

Student should not exercise if her blood glucose level is below _____mg/dl or above _____mg/dl.

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. If glucagon is required, it should be administered promptly. Then, 911 (or other emergency assistance) and the parents should be called.

HYPERGLYCEMIA (High Blood Sugar)

Usual symptoms of hyperglycemia: _____

Treatment of hyperglycemia: _____

Circumstances when urine ketones should be tested: _____

Treatment for ketones: _____

School personnel trained to test for ketones: _____

SUPPLIES AND PERSONNEL

Where are supplies for testing blood glucose levels kept? _____

Where are supplies for administering insulin kept? _____

Where are supplies for testing keytones kept? _____

Where is glucagon kept? _____

Where are supplies of snack foods kept? _____

School personnel trained in the symptoms and treatment of high and low blood sugar and dates of training:

SIGNATURES

This Health Plan has been reviewed by:

Student's Health Care Provider

Date

Acknowledged and received by:

Student's Parent(s) or Guardian(s)

Date

Acknowledged and received by:

School Representative

Date