

INDIVIDUALIZED DIABETES HEALTH CARE PLAN*

**May supplement an Individualized Education Plan (IEP) or 504 Plan*

picture
(school will provide if
available)

Students Name: _____ DOB: _____
 School: _____ Grade: _____ Teacher: _____
 Parents Name: _____ Hm Phone: _____ Wk Phone: _____
 Add'l Emergency Contact Persons: _____

 Care Provider: _____ Phone: _____
 School Nurse: _____ Phone: _____ Pager: _____

Daily Care Plan During School Hours:

- 1) Capillary Blood Sugar Testing (CBS) @ Time(s): _____
 glucometer model: _____
- 2) Snack Time(s) @ _____ **AND as needed to treat low blood sugar**
- 3) Lunch Time @ _____ ; approximate carbohydrate intake @ lunch _____
- 4) PE schedule (days/time) _____

Low (Hypoglycemic) <_____ and High (Hyperglycemic) >_____ blood sugar reactions

Symptoms associated with, and treatment for, student's low/hypo and high/hyper reactions:

Low Blood Sugar/Hypoglycemia (Insulin reaction)	High Blood Sugar/Hyperglycemia
_____ shaking	_____ extreme thirst
_____ dizziness	_____ frequent urination
_____ irritable	_____ dry, itchy skin
_____ anxious	_____ drowsiness
_____ fast heartbeat	_____ abdominal pain/nausea
_____ confusion	_____ hunger
_____ hunger	_____ nausea
_____ weakness	_____ blurred vision
_____ headache	_____ sweet/fruity breath
_____ impaired vision	
_____ sweating	
_____ slurred speech	

Parameters for snacks to treat low blood sugar:
 If CBS is _____ - _____ : give _____
 If CBS is _____ - _____ : give _____

EMERGENCY ACTION FOR LOW BLOOD SUGAR:

- 1) Student to be escorted to WC by staff or another student
- 2) Student (or nurse) to check capillary blood sugar (CBS) with glucometer
- 3) Have student eat snack, following snack parameters
- 4) Student to remain in WC and recheck CBS in 10-15 min.
- 5) Staff to call parent with results/treatment administered
- 6) Call site nurse if CBS remains low
- 7) If CBS within normal range, student may return to class

Parameter for insulin and/or exercise/water to treat high blood sugar:
 If CBS is greater than _____ follow steps below

EMERGENCY ACTION FOR HIGH BLOOD SUGAR:

- 1) Staff to call parent and follow instructions; may be advised to have student:
 - a) self-administer insulin (if available) and/or
 - b) drink water and walk, with supervision
 - c) check urine for ketones; walk if ketones neg
- 2) Call site nurse
- 3) If insulin administered, student may return to class
- 4) If exercise/water used to treat, have student retest CBS in 15-30 min; follow instructions of parent/nurse

EMERGENCY ACTION PLAN STEPS FOR EXTREMELY LOW BLOOD SUGAR (IF STUDENT UNCONSCIOUS OR TOO LETHARGIC TO TAKE LIQUIDS):

- 1) Place glucose tablets/gel under tongue or inside cheek
- 2) Call site nurse and parent (or emergency contact person) and follow instructions
- 3) RN, parent, or PDA may administer injectable glucagon
- 4) **If unable IMMEDIATELY to reach nurse/parent, call 911**

SIGNATURE(S): Parent/guardian _____ Date _____
 Nurse _____ Date _____

* See back for Field Trip instructions, classroom parties, and additional information (Pub: DiabetesIHCP: 8-12-09)

Diabetes History

Age of Onset: _____ Date of most recent hospitalization: _____
Most recent diabetes related blood test(s) results: _____
Concurrent illness or disability: _____
Related social/emotional factor(s): _____
Additional information: _____

Field trips:

- 1) Notify parent prior to planned field trip
- 2) Determine who will provide care
 - a) if parent accompanies student, parent to assume full responsibility
 - b) if staff provides care, follow Individualized Diabetes Health Care Plan (nurse will review with staff)
- 3) Diabetic supplies are to be taken; if independent, student will carry own supplies

Classroom/School parties:

Food treats will be handled as follows:

- ___ Student will eat school party treat
___ Replace with parent supplied alternative treat

Scheduled after school activities:

List: _____

Individualized Diabetes Health Care Plan to be shared with teacher/coach

Staff instruction:

School nurse will train appropriate staff, as needed; staff may include:

- 1) health assistant/substitute health assistants
- 2) classroom teacher/specialists/coaches
- 3) secretaries/office assistants who provide coverage in Wellness Center
- 4) educational assistants
- 5) food service employees
- 6) transportation staff

Equipment and Supplies to be Provided by Parent

- 1) Blood sugar meter kit (includes all blood testing supplies for school)
- 2) Low blood sugar supplies
for example:
 - fast acting carbohydrate drinks (juices or regular soda pop)
 - glucose tablets
 - glucose gel product
 - gel cakemate (not frosting)
 - pre-packaged snacks, such as cracker/cheese or cracker/peanut butter
- 3) Daily snacks for AM/PM snack times

- Disaster supplies**
- (School to provide disaster barrel and Individualized Diabetes Health Care Plan)
- 1) Food supply for 3 days
 - 2) Medication and medical supplies; for example: insulin pen and needles
insulin and syringes
 - 3) Other:

Date of next plan review: _____

Must be reviewed before next school year unless there is a change requiring earlier revision

Parent

Date

School Nurse

Date

TRAINED PERSONNEL		
Name	Position	Date

Date of next plan review: _____
 Must be reviewed before next school year unless there is a change requiring earlier revision

 School Nurse Date _____ Counselor Date

 Teacher Date

**LICENSED HEALTH CARE PROVIDER'S ORDERS
FOR STUDENTS WITH DIABETES IN WASHINGTON STATE SCHOOLS**

Student's Name _____ DOB _____ GR _____
 School _____ Phone # _____ Fax# _____
 Doctor's Name _____ Phone # _____
 Fax # _____

HYPOGLYCEMIA: (fill in individualized instructions). Blood sugar at which parent should be notified: LOW _____ (or HIGH _____)

	Snack and Amounts
• blood sugar _____ - _____	_____
• blood sugar _____ - _____	_____
• blood sugar _____ - _____	_____
• unconscious — Call 911	

Insulin instructions: After consultation with parent/guardian (who could amend dose), student may self-administer, (or licensed medical personnel, parent, or PDA) are allowed to give, insulin.

Blood sugar and insulin type _____ and dosage:

- | | |
|-----------------------------------|--|
| • blood sugar <100 _____ units | |
| • blood sugar 100-149 _____ units | Optional: If urine ketones [circle one or more (trace, small, moderate, large)], call parent (check ketones) |
| • blood sugar 150-199 _____ units | |
| • blood sugar 200-249 _____ units | |
| • blood sugar 250-299 _____ units | |
| • blood sugar 300-349 _____ units | |
| • blood sugar 350-399 _____ units | |

Disaster Plan Insulin Dosage- in case of disaster, insulin dosages for 24 hr period

A.M. _____ units R, Humalog _____ units Lente or NPH or UltraLente or Lantus
 Noon _____ units R, Humalog _____
 P. M. _____ units R, Humalog _____ units Lente or NPH or UltraLente or Lantus
 Bed _____ units R, Humalog _____ units Lente or NPH or UltraLente or Lantus

Student's Self-Care Ability Level

- Student tests independently
- Student needs verification of number by staff
- Student needs help with testing
- Testing needs to be done by nurse
- Student administers insulin independently
- Student self-injects with verification of number
- Student self-injects with nurse supervision
- Student self-treats mild hypoglycemia
- Student monitors own snacks and meals
- Students tests and interprets own urine ketones
- Student implements universal precautions

Parent

HCP

Nurse

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/guardian

Date

Health Care Provider

Date

School Nurse

Date