

INDIVIDUALIZED DIABETES (INSULIN PUMP) HEALTH CARE PLAN*

picture
(school will provide if
available)

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

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): _____
 testing site _____ glucometer model: _____
- 2) Snack Time(s) @ _____ **AND as needed to treat low blood sugar**
- 3) Lunch Time @ _____; approximate carbo intake at lunch _____
- 4) PE schedule (days/time) _____

Low (Hypoglycemic) blood sugar (below _____)

Symptoms:

- | | |
|----------------------|-----------------------|
| _____ shaking | _____ hunger |
| _____ dizziness | _____ weakness |
| _____ irritable | _____ headache |
| _____ anxious | _____ impaired vision |
| _____ fast heartbeat | _____ sweating |
| _____ confusion | _____ slurred speech |

Parameters/treatment 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

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 page 3 for Field Trip instructions, classroom parties, and additional information
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INSULIN ADMINISTRATION VIA INSULIN PUMP (Model _____)

- I) LUNCH INSULIN BOLUS
- II) HIGH BLOOD SUGAR (HYPERGLYCEMIA) INSULIN BOLUS
- III) SNACK INSULIN BOLUS

Basal rate of _____ units of insulin being administered continuously via pump

I) Lunch Insulin Bolus

- a) Have student test blood sugar prior to eating lunch (Target range _____ - _____)
(Call parent BEFORE administering insulin*: Yes _____ No _____)
- b) If blood sugar is within target range, have student administer _____ unit(s) of insulin via pump

High blood sugar correction:**

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

Blood sugar level, insulin type _____ and dosage:

- blood sugar <100 _____ units
 - blood sugar 100-149 _____ units
 - 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
- Optional: If urine ketones [circle one or more (trace, small, moderate, large)], call parent (check ketones)

***To administer insulin via pump, student will follow instructions for bolus setting specific to student's insulin pump (attached)**

II) High Blood Sugar/Hyperglycemia Insulin Correction Bolus:

Symptoms of high blood sugar/hyperglycemia:

- _____ extreme thirst _____ hunger _____ sweet/fruity breath
- _____ frequent urination _____ nausea _____ abdominal pain/nausea
- _____ dry, itchy skin _____ blurred vision _____ drowsiness

TREATMENT FOR HIGH BLOOD SUGAR GREATER THAN _____:

- 1) Call parent and follow instructions; may be advised to have student:
 - a) check catheter site for placement, leakage, redness/swelling (**call parent if pump must be disconnected; student may need to self-administer insulin via pen injector or insulin syringe**)
 - b) self-administer insulin via pump* and/or
 - c) drink water
 - d) and walk, with supervision
 - e) check ketones with urine ketones strips

2) Call site nurse

3) If insulin administered, student may return to class

4) If exercise/water used to treat, have student retest in 15-30 min; follow instructions of parent/nurse

***To administer insulin via pump, student will follow instructions for bolus setting specific to student's insulin pump (attached)**

III) SNACK INSULIN BOLUS

1) Prior to eating snack, insulin bolus* to be given based on carbohydrate value as listed on carbohydrate value food list (attached); _____ grams of carbo requires _____ units of insulin bolus

2) Capillary blood sugar does not need to be tested, prior to eating snack

***To administer insulin via pump, student will follow instructions for bolus setting specific to student's insulin pump (attached)**

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) Insulin pump (includes all supplies for school)
- 3) 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
- 4) 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

