Parents want to know that their child is in safe hands while at school. It is the parents’ responsibility (not the child’s) to inform and educate the school. Parents also want to make sure their child is not treated differently as a result of having diabetes.

WHAT SHOULD BE DONE?

Many schools now require school health plans. An individualized school health plan (which you are welcome to copy) is included in this chapter. The parents and diabetes nurse should fill this out. The parents can then go over the plan with the school nurse or aide.

The parents must also provide supplies for the school. Some children keep a separate meter and strips at the school. Others bring their home meter and supplies in their backpack. See parents checklist.

Other forms that you may want to copy from “Understanding Diabetes” (Chapter 23) are:

1) School Intake Interview
2) Emergency Response Plan
3) Individualize Health Care Plan Check List for the School Nurse
4) Insulin Pumps in the School Setting
5) A general letter for the principal and school nurse

WHAT CAN HAPPEN AT SCHOOL?

• Low blood sugars are the most likely emergency to occur at school. It may be helpful for the family to copy and review the table on mild, moderate and severe reactions with the school (see Chapter 6). Supplies for treating lows will also need to be provided by the family.

• High blood sugars and/or ketones may also occur at school, particularly with stress, illness, overeating or lack of exercise. If the blood sugar is above 300 mg/dl (16.7 mmol/L) the urine or blood ketones need to be checked. When the blood sugar is high it is generally necessary to go to the bathroom more frequently. If small to moderate urine ketones or blood ketones above 0.6 mmol/L occur, the parents need to be called.
INDIVIDUALIZED HEALTH PLAN  
(IHP for SCHOOLS): DIABETES

Student ___________________________ DOB ___________________ Home Phone __________________
Mother ___________________________ Work Phone _______________ Cell Phone __________________
Father ___________________________ Work Phone _______________ Cell Phone __________________
Guardian ___________________________ Phone __________________
School Nurse ________________________ Phone __________________
School ___________________________ Grade ___________ Teacher __________________
Physician ___________________________ Phone _______________ Fax __________________
Diabetes Educator ______________________ Phone __________________ 504 Plan on file □ Yes □ No
Hospital of Choice ______________________ Date of Diagnosis __________________
Health Concern Diabetes Type 1 or Type 2 ____________________
Routine Management Target Blood Sugar Range ____________________ to ____________________

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Required blood sugar testing at school: Times to test blood sugar:

□ Trained personnel must perform blood sugar test.
□ Before lunch. □ Before P.E.
□ Trained personnel must supervise blood sugar test.
□ After lunch. □ After P.E.
□ Student can perform testing independently.
□ Before snack. □ Before getting on bus/going home.
□ Student can carry supplies and test where needed.
□ As needed for signs/symptoms of low or high blood sugar.

Call parent if blood sugar values are below ________ or above ________.

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Medications to be given during school hours:

Student is on □ oral diabetes medication(s) Dose: _______________ Times to be given ____________________.
Student is on □ insulin. Type: ____________ Dose: _______________ Times to be given ____________________.
Student is on □ insulin. Type: ____________ Dose: _______________ Times to be given ____________________.

Sliding Scale: Blood Sugar Correction and Insulin Dosage using (Rapid Acting) Insulin: _______________

Blood Sugar Range mg/dl Administer units
Blood Sugar Range mg/dl Administer units
Blood Sugar Range mg/dl Administer units
Blood Sugar Range mg/dl Administer units and check ketones
Blood Sugar Range mg/dl Administer units and check ketones
Blood Sugar Range mg/dl Administer units and check ketones
Blood Sugar Range mg/dl Administer units and check ketones

Insulin to Carbohydrate Ratio unit(s) for every grams of carbohydrate (or to be) eaten.

□ Student independently administers insulin.
□ Student self injects with verification of dosage.
□ Injections should be done by trained school personnel.

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□ Parent/guardian authorized to increase or decrease sliding scale.
□ Parent/guardian authorized to increase or decrease insulin to carbohydrate count.

Diet: Lunch time: ________ Scheduled P.E. Time: ________ Recess Time: ________
Snack time(s): __________ a.m. ________ p.m. Location where snacks are kept: ________ ________ Location eaten: ________

Parent/Guardian and student are responsible for maintaining necessary supplies, snack, blood glucose monitor, medications, and equipment.
Emergency Response Plan

LOW BLOOD SUGAR: (Hypoglycemia) – Below 70 mg/dl
With any level of low blood sugar never leave the student unattended. If treated outside the classroom, a responsible person should accompany student to the health clinic or office for further assistance.

Student to be treated when blood sugar is below: ______mg/dl.
Symptoms could include: hunger, irritability, shakiness, sleepiness, sweating, pallor, uncooperative, or other behavior changes.
Additional student symptoms: ____________________________________________________________

MILD LOW BLOOD SUGAR (STUDENT IS ALERT):
Treatment of Mild Low Blood Sugar:
Check blood sugar. If blood glucose meter is not available, treat child immediately for low blood sugar.
If blood sugar is between _____ mg/dl and _____ mg/dl and lunch is available, escort to lunch and have student eat immediately!
If lunch is unavailable, treat immediately as listed below.
If blood sugar is below _____ mg/dl, give 2-4 oz of 100% juice or (1/3 can) regular sugar pop or 2-4 glucose tablets.
Re-check in 10 minutes. If still below _____ mg/dl re-treat as above.
Follow with snack or lunch when blood sugar rises above _____ mg/dl or when symptoms improve.
Notify parent and school nurse.

Comments: ______________________________________________________________________________

MODERATE LOW BLOOD SUGAR (STUDENT IS NOT ALERT):
Symptoms: In addition to those listed above for mild low blood sugar, student may be combative, disoriented, incoherent, or have slurred speech.

Treatment of Moderate Low Blood Sugar:
If student is conscious yet unable to effectively drink the fluids offered:
✓ Administer 3/4 to 1 tube (3 tsp) of glucose gel, or 3/4 tube to 1 tube of cake decorative gel.
✓ Place between cheek and gum then massage into gums, elevate head and encourage student to swallow. Student may be uncooperative.
✓ Notify parent and school nurse.
✓ Retest in 10 minutes. If still below _____ mg/dl re-treat as above.
✓ Give regular snack after retest and when blood sugar rises above _____ mg/dl or when symptoms improve.

Comments: ______________________________________________________________________________

SEVERE LOW BLOOD SUGAR:
Student symptoms include: Seizures or loss of consciousness, unable/unwilling to take gel or juice.

Treatment of Severe Low Blood Sugar:
✓ Stay with student
✓ Roll student on side
✓ Do not put anything in mouth
✓ Appoint someone to call 911
✓ Protect from injury
✓ Contact Parent
Give glucagon (if ordered and if a nurse or other delegated person is available): Dose = _____ cc’s or _____ units

Comments: ______________________________________________________________________________

HIGH BLOOD SUGAR: Student needs to be treated when blood sugar is above _____ mg/dl.
Call parent or guardian when blood sugar is greater than _____ mg/dl.
Symptoms could include (circle all that apply): extreme thirst, headache, abdominal pain, nausea, increased urination.
Additional student symptoms: ____________________________________________________________

Treatment of High Blood Sugar: Student must:
✓ Drink 6-16 oz water or DIET pop (caffeine free) every hour.
✓ Use restroom as often as needed.
☐ Check urine ketones or blood ketones, if sugar is greater than 300 mg/dl twice or when ill and/or vomiting.
If urine ketones are moderate to large or if blood ketones are greater than 0.6 mmol/L, call parent immediately!
Do not allow student to exercise. Administer insulin if ordered and trained personnel available.

Recommend child be released from school when ketones are large in order to be treated and monitored more closely by parent/guardian.

If student exhibits nausea, vomiting, stomachache or is lethargic; contact parent, student should be released from school.
Send student back to class if none of the above physical symptoms are present.
STUDENT NAME: ______________________________________ DOB: ______________

Field trip information:
1. Notify parent and school nurse in advance so proper training can be accomplished.
2. Adult staff must be trained and responsible for student’s needs on field trip.
3. Extra snacks, blood glucose monitor, copy of health plan, glucose gel or other emergency supplies must accompany student on field trip.
4. Adult(s) accompanying student on a field trip will be notified of student’s health accommodations on a need to know basis.

<table>
<thead>
<tr>
<th>SUPPLIES</th>
<th>NEEDED</th>
<th>NOT NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood glucose meter and blood glucose strips</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lancets with lancing device</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Blood ketone strips (if using the Precision meter)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Urine ketone strips</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Insulin syringes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Antibacterial skin cleanser or alcohol wipes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bottle of refrigerated rapid acting insulin –</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Type: ____________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucose tabs, Cake Mate® gel, juice, or other source of glucose</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Carbohydrate snack</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Glucagon emergency kit (if delegated by RN)</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Sharps container</td>
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</tr>
</tbody>
</table>

As parent/guardian of the above name student, I give my permission to the school nurse and other designated staff to perform and carry out the diabetes tasks as outlined in this Individualized Health Plan (IHP) and for my child’s healthcare provider to share information with the school nurse for the completion of this plan. I understand that 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 whenever there is any change in the student’s health status or care.

Parent/Guardian: ___________________________________________ Date: ____________________________

School Nurse: _____________________________________________ Date: ____________________________
A video is available for school personnel.

Information on ordering this video is given in "Understanding Diabetes."

Make sure that you have snacks handy at school in case you need them.
Keep the emergency list in an easy-to-find place