INDIVIDUALIZED SCHOOLHEALTH CARE PLAN: DIABETES

Date _____
Student _____ Date of Birth _____
School _____ Grade _____ Teacher _____
Parent(s)/Guardian(s) _____
Phone (H) _____ (W) _____ (Other) _____
Additional emergency contact information _____
Diabetes Care Provider _____ Phone _____ Fax _____
Diabetes Nurse Educator _____ Phone _____ Fax _____
Hospital of choice _____
Routine Management Target Blood Sugar Range _____ to _____

Required blood sugar testing at school:

- ☐ Trained personnel must perform blood sugar test
- ☐ Trained personnel must supervise blood sugar test
- ☐ Student can perform testing independently

Times to do blood sugar:

- ☐ Before lunch
- ☐ After lunch
- ☐ Before P.E.
- ☐ After P.E.
- ☐ As needed for signs/symptoms of low or high blood sugar

☐ Call parent if values are below _____ or above _____

Medications to be given during school hours:

☐ Oral diabetes medication(s)/dose _____ Time to be administered: _____
☐ Sliding Scale: To be administered immediately:

Insulin (subcutaneous injection) using Humalog/NovoLog/Regular (circle type) Before Lunch ☐ After Lunch ☐

_____ Unit(s) if lunch blood sugar is between _____ and _____
_____ Unit(s) if lunch blood sugar is between _____ and _____
_____ Unit(s) if lunch blood sugar is between _____ and _____
_____ Unit(s) if lunch blood sugar is between _____ and _____

☐ Insulin/Carb Ratio _____ Unit for every _____ grams of carbohydrate eaten,
plus _____ unit(s) for every _____ mg/dl points above _____ mg/dl

- ☐ Student can draw up and inject own insulin
- ☐ Student cannot draw up own insulin but can give own injection
- ☐ Trained adult will draw up and administer injection
- ☐ Student can draw up but needs adult to inject insulin
- ☐ Student is on pump
- ☐ Student needs assistance checking insulin dosage
- ☐ Glucagon (subcutaneous injection) dosage _____ dosage = _____ cc

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Diet:

Lunch time _____ Scheduled P.E. time _____ Recess time _____
Snack times(s) _____ a.m. _____ p.m. Location that snacks are kept _____ Location eaten _____

☐ Child needs assistance with prescribed meal plan Parents/Guardian and student are responsible for maintaining necessary supplies, snack, testing kit, medications and equipment.

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, glucose monitoring kit, copy of health plan, glucose gel or other emergency supplies must accompany student on field trip.
4. Adults accompanying student on a field trip will be notified on a need to know basis.

People trained for blood testing and response:

Name _____ Date _____
Name _____ Date _____

Permission signatures:

As parent/guardian of the above named student, I give permission for use of this health plan in my student's school and for the school nurse to contact the below providers regarding the above condition. Orders are valid through the end of the current school year.

Parent signature _____ Date _____
Nurse signature _____ Date _____
Physician signature _____ Date _____