

Student Name: [Student Name] Birthday [Date of birth] Grade [Grade]

HCP orders: No* Yes: & Date of orders: _____ Date of Plan: _____

* If no Provider orders only Emergency Care can be provided please include Emergency care plan on page 2 and 3..

Family and Emergency Contact Information:

Parent/Guardian: Click or tap here to enter text.

Preferred Contact Info: Click or tap here to enter text.

Parent/Guardian: Click or tap here to enter text.

Preferred Contact Info: Click or tap here to enter text.

Physician: Click or tap here to enter text. **Work #:** Click or tap here to enter text.

School Nurse: Click or tap here to enter text. **Work #:** Click or tap here to enter text.

Diabetes Resource Nurse: Click or tap here to enter text. **Contact Info:** Click or tap here to enter text.

**May attach photo for identification if needed* (May print summary sheet from student electronic record)*

Health Concern: Type 1 Diabetes: Type 2 Diabetes: Other: Date of Diagnosis: Click or tap to enter a date.

Target Range: Low mg/dl to high mg/dl

Notify Parents if values below Low mg/dl or above high mg/dl

Addendums: Medication Insulin Plan Self-Management Agreement Pump Addendum CGM Addendum

Medications: Insulin type: Click or tap here to enter text.

Delivery Device: Pen Syringe & vial InPen **Pump Brand and Model:** Click or tap here to enter text.

Student's Self Care: (Ability level to be determined by School Nurse and Parent with input from Provider)

- Self- Managed: NO: YES: *

***If Yes attach required Agreement for Student's Self- Management and include Emergency Action Plan**

Student's Self Care (ability level to be determined by School Nurse and Parent with input from Health Care Provider.)

- Supervised Care: Trained personnel must perform diabetes care: YES NO
- Trained Personnel must supervise insulin administration and BG monitoring: YES NO
- Student can administer insulin: YES NO

Required Glucose Monitoring at School:

- Student can carry supplies and test where needed and when needed
- **Blood Glucose Meter:** Yes No
Preferred place to check Blood Glucose: Health room Classroom Other: Click or tap here to enter text.
- **Continuous Glucose Monitor:** Yes Model: Click or tap here to enter text. No
CGM alarms set for BG/BS Low: mg/dl High BG/BS: mg/dl

When to Check Blood Glucose:

As needed for signs/symptoms of low/high blood glucose and/or student does not feel well

Before School Program: Before Snack: Mid-morning: After School Program/Activity:
Before Lunch: Before Recess: Before PE: After PE: School Dismissal

Other: Click or tap here to enter text.

Anytime symptoms don't match CGM value do fingerstick for BG.

Supporting Students with Diabetes:

1. Student is allowed to test blood glucose as needed anywhere in the school setting
2. Student may self-carry fast acting sugar source as well as store fast acting sugar source in the classroom
3. Student with diabetes who ride the bus should always carry a fast-acting sugar source
4. Student will be allowed to carry a water bottle and have unrestricted bathroom privileges.
5. Substitute teachers will be aware of the student's health concerns and necessary interventions
6. Student is allowed access to cell phone at all times when utilized for diabetes care.

Student Name: [Student Name] Birthday [Date of birth] Grade [Grade]

Emergency Medication: *For Severe Hypoglycemia

- Glucagon Dosage [Click or tap here to enter text.](#)mg **INTRAMUSCULAR** injection
- Gvoke Dosage [Click or tap here to enter text.](#)mg Route **Subcutaneous** Prefilled syringe: Arm Thigh Abdomen
- Nasal Glucagon (Baqsimi) Dosage: [Click or tap here to enter text.](#)
- **If none then call 911 and if given call 911**

LOW Blood Sugar (Hypoglycemia) Management

If Symptoms – Take Action: Check blood glucose/sensor glucose if possible. Treat if below **Low** mg/dl

- Always treat if in doubt or if blood sugar is unavailable.
- Never leave unattended.
- Always send to clinic accompanied by responsible person.
- Check BG/SG when CGM alarms or when student is symptomatic.
- If blood glucose/sensor glucose in range but student symptomatic, may contact parent or provide a **solid carb snack** (cheese and crackers, ½ granola bar).
- With insulin pump, DO NOT enter carbs for fast acting sugar used to treat low.

MILD SYMPTOMS: Hunger, shaky irritable, dizzy, anxious, sweating, crying, pale, spacey, tired, drowsy, personality change, other [Click or tap here to enter text.](#)

Mild Treatment:

- **Treat** by giving up to 15 grams of fast acting sugar such as **Glucose Tabs, Juice Box/Capri Pouch**, regular soda, 2-3 Smarties candy rolls.
- Wait 10-15 minutes, child should be observed during this time.
- Recheck BG/SG.
- **Retreat** if BG/SG still under **Low** mg/dl or if symptoms persist.
- Once BG/SG **Low** mg/dl or higher, provide a up to a **15 gram** (or [Click or tap here to enter text.](#) gm per parent) **solid carb snack** OR escort to lunch if lunchtime.
- **Lows MUST be treated before student goes to lunch.**
- Dose for lunch carbs after eating lunch.
- Notify Parent and RN.

MODERATE SYMPTOMS Confusion, Slurred speech, Poor coordination, Behavior changes, Unable to focus to eat or drink

Moderate Treatment:

- **Treat** with Glucose Gel or Icing keeping head elevated, squeeze gel between cheek and gums, encourage child to swallow.
- Wait 10-15 minutes; child should be observed during this time.
- **Recheck** BG/SG and if below **Low** mg/dl and symptoms persist, retreat until BG/SG above **Low** mg/dl.
- Once BG/SG **Low** mg/dl or higher, provide a **10-15 gram** (or [Click or tap here to enter text.](#) per parent) **solid carb snack** OR escort student to lunch if lunchtime.
- **Lows MUST be treated before student goes to lunch.**
- Dose for lunch carbs after eating lunch.
- Notify Parent and RN.

SEVERE SYMPTOMS Seizure, Loss of consciousness

Severe Low Treatment:

- **Administer Emergency medication/Call 911**
- Position student on side.
- Disconnect pump or peel off insertion site like a band-aid.
- If trained / delegated staff available: Administer **Emergency Medication**
- Stay with student until 911 arrives
- Once student responds to glucagon and able to sit up, treat with glucose gel. When fully alert offer sips of juice.
- Notify Parent and RN.

Student Name: [Student Name] Birthday [Date of birth] Grade [Grade]

If Symptoms – Take Action: Check blood/sensor glucose; if above or > high mg/dl

- Encourage to drink water
- Contact parent/guardian
- Allow access to water and restrooms
- Other: Click or tap here to enter text.

MILD SYMPTOMS

Thirst, headache, abdominal discomfort, nausea, increased urination and/or lethargy.

Treatment:

- Encourage to drink water or diet pop (caffeine free): 1 ounce water/year of age/per hour
- When hyperglycemia occurs other than lunchtime – contact school nurse and parent to determine correction procedure per provider orders or one-time orders.
- Provide blood/sensor glucose correction as indicated in provider orders or per pump.
- **Recheck in 2 hours for students on pump.**
- **Reminder:** Students taking insulin injections should not be given a correction dosage more than every 3 hours unless directed by provider orders.
- Note: If on a pump insulin may need to be given by injection contact school nurse and parent.

See Standards of Care.



Access Standards of Care for Diabetes Management in the School Setting and Contact School Nurse

Hyperglycemia:

If Blood/Sensor Glucose is over > High twice in a row and greater than 2 hours apart:

- Check urine/blood ketones - if moderate to large or if blood ketones are greater than 1.0 mmol, call parent & school nurse immediately!
- If student has labored breathing, change in mental status and/or may be dehydrated- call 911

Contact the school nurse for Exercise Restrictions and School Attendance per Standards.

(Reference: STANDARDS OF CARE FOR DIABETES MANAGEMENT IN THE SCHOOL SETTING for more information -

www.coloradokidswithdiabetes.org

*If student has moderate to large ketones or blood ketones ≥ 1.0 mmol and student has labored breathing, change in mental status or may be dehydrated - call 911.

Student Name: [Student Name] Birthday [Date of birth] Grade [Grade]

Student's Schedule:	
Lunch: Click or tap here to enter text. PE: Click or tap here to enter text. Recess: Click or tap here to enter text. Snack: AM <input type="checkbox"/> PM <input type="checkbox"/>	
Location of snacks: health room Location Eaten: anywhere	

Exercise and Sports:	
Check BG/SG prior to activity Yes <input type="checkbox"/> No <input type="checkbox"/>	#Snack Carbohydrates: Click or tap here to enter text.
Snack prior to PE <input type="checkbox"/> only if BG/SG <	
Snack prior to Recess <input type="checkbox"/> only if BG/SG <	
Snack after Recess <input type="checkbox"/>	

Class School Parties or Events with Food: (Check all that apply)

- In the event of a Class Party – may eat the treat and insulin dosage per Provider Orders
- Student able to determine whether to eat the treat
- Replace with parent supplied treat May NOT eat the treat
- Contact Parent Prior to event for instructions

Classroom Emergency Preparedness:

Snack/Water in specials classrooms (provided by parent) ex: art, computer lab, library, music etc

Standardized Academic Testing Procedures:

- *504/IEP Form on File: Yes No
- School Staff to notify Parents and School Nurse of upcoming standardized testing in order to create a plan for Blood Glucose monitoring.
- *Acceptable Standardized Testing BG/SG range without symptoms: Click or tap here to enter text.

FIELD TRIP INFORMATION AND SPECIAL EVENTS:

- Notify parent and school nurse in advance so proper training can be accomplished
- Adult staff must be trained and responsible for student's needs on field trip
- Extra snacks BG meter, copy of health plan, glucagon, insulin & emergency supplies must accompany student on field trip if at school.
- Adult (s) accompanying student on a field trip will be notified of student's health accommodations on a need to know basis

In general, there are no restrictions on activity except in these cases:

Student should not exercise if blood glucose is >300 and ketones are > small, or until hypoglycemia/hyperglycemia is resolved.

Reference Standards of Care and Notify School Nurse

A source of fast-acting glucose & glucagon should be available in case of hypoglycemia.

Special instructions: Click or tap here to enter text.

Staff Trained	Monitor BG/SG & treat hypo/hyperglycemia	Give Insulin	Give Glucagon
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Further Instructions:

Click or tap here to enter text.

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I understand that:

- Medication orders are valid for this school year only and need to be renewed at the beginning of each school year.
- New Physician Orders are needed when there are any changes in the care orders. (e.g. at quarterly clinic visits)
- Medication orders will become part of my child’s permanent school health record.
- Medications must be in original container and labeled to match physician’s order for school use including field trips.
- I have the responsibility for notifying the school nurse of any changes in Medication or care orders.
- I give permission to the school nurse to share information with appropriate school staff relevant to the prescribed medication administration as he/she determines appropriate for my child’s health and safety.
- I give permission to the school nurse to contact the above health care provider for information relevant to the prescribed medication administration, provider orders, and related student health information appropriate for my child’s health and safety.
- I give my permission to the school nurse and designated staff to perform and carry out the diabetes tasks as outlined in this Individualized Health Plan (IHP).
- I understand that the information contained in this plan will be shared with school staff on a need-to-know basis.
- Parent/Guardian & student are responsible for maintaining necessary supplies, snacks, blood glucose meter, medications and other equipment.

Parent Name:	Parent Signature:	Date:
School Nurse:	School Nurse Signature:	Date:

Nursing Care Services:

ICD-10 Code: Click or tap here to enter text.

Specific Task: (Example BG testing, administering insulin, treatment of hypoglycemia/hyperglycemia) Click or tap here to enter text.

Scope: (What is the related service that is needed for the student?) Click or tap here to enter text.

Duration: (How long does the service take? (minute or hours/per instance) Click or tap here to enter text.

Frequency: (How many times does it need to be done per day or is the service as needed) Click or tap here to enter text.