Confidential Diabetes Health Plan: #100 Diabetes in School Setting

Student Name:		Date of Birth:	Grade:

*DMMP orders	Yes No	Date of orders: Date of Diagnosis:	Date of Plan:

If no Diabetes Medical Provider orders, only emergency care can be provided - please include Emergency Care Plan

Family Emergency Contact Information
Print a face sheet with the student's picture to keep with the IHP

Parent/Guardian:	Preferred Contact Info:
Parent/Guardian:	Preferred Contact Info:
Diabetes Medical Provider:	Contact Info:
Diabetes Nurse Educator:	Contact Info:
Diabetes Resource Nurse:	Contact Info:
School Nurse:	

Target range: ____ mg/dl ____ mg/dl
Notify parent/guardian if values below ____ mg/dl or above ____ mg/dl

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

Insulin: **Delivery Device:** CHOOSE 1   **Pump Brand and Model**:

Student's Ability to Self-Manage Diabetes Care
***Ability level is to be determined by the parent and provider with consultation from the school nurse and specified on the provider orders/DMMP*

Does the student self-manage their diabetes:	Yes

If **yes**, proceed to Emergency Action Plan (all students regardless of age or expertise require a diabetes health plan e.g. Emergency Action plan). Attach *Agreement for Student's Self-Management* **and** include *Emergency Action Plan*

NO (check level of supervision) Trained/delegated personnel must **perform** diabetes care including insulin administration and BG/SG monitoring Trained/delegated personnel must **supervise** diabetes care including insulin administration and BG/SG monitoring	Student can administer insulin with supervision Student can perform BG/SG testing/monitoring

Student Name:	Date of Birth:	Grade:

LOW Blood Sugar (Hypoglycemia) Management

If Symptoms - Take Action: Check Blood glucose/sensor glucose if possible. Treat if below ____ 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 complex snack (cheese and crackers, ½ granola bar)
- With insulin pump, DO NOT enter carbs for fast acting sugar used to treat low

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LOW Blood Sugar (Hypoglycemia) Management Always treat for hypoglycemia if in doubt or if BG/SG is unavailable.

Emergency Medication: *For Severe Hypoglycemia*
  Dose: _____ Route: _____ (Add the appropriate medication administration instructions to the IHP)
  Call 911 if administered or it is not available!

MILD SYMPTOMS: Hunger, shaky, irritable, dizzy, anxious, sweating, crying, pale, spacey, tired, drowsy, personality change, other:
Mild Treatment:
- **Treat** by giving ___ grams of fast-acting sugar such as glucose tabs, juice box/Capri pouch, regular soda, Smarties candy rolls.
- Wait 15 minutes - student should be observed during this time. Contact RN.
- Recheck BG/SG.
- **Retreat** if BG/SG is still under 70 mg/dl or if symptoms persist.
- Once BG/SG ____ mg/dl or higher, escort student to lunch **OR** provide a complex carb snack of ___ grams
- **Lows MUST be treated before the student goes to lunch.**
- Dose for carbs **after** eating lunch (do not give a correction dose)
- Notify Parent

MODERATE SYMPTOMS Confusion, slurred speech, poor coordination, behavior changes, unable to focus in order to eat or drink
Moderate Treatment:
- **Treat** with glucose gel or icing keeping head elevated, squeeze gel between cheek and gums, massage the area and encourage student to swallow
- Wait 15 minutes - student should be observed during this time
- **Recheck** BG/SG and if below ____ mg/dl and symptoms persist, retreat until BG/SG above ____ mg/dl
- Once BG/SG ____ mg/dl or higher, escort student to lunch **OR** provide a complex carb snack up to **15 gram** (or ___ gram per parent)
- **Lows MUST be treated before student goes to lunch.**
- Only dose for carbs after eating lunch (do not give a correction dose)
- Notify Parent and RN

SEVERE SYMPTOMS Seizure, Loss of consciousness
Severe Low Treatment:
- **Call 911 and administer Emergency medication.** **to be administered by trained and delegated staff**
- Position student on side
- Disconnect pump or peel off insertion site like a band-aid. Keep pump with student
- Stay with student until 911 arrives
- Once student responds to glucagon and is able to sit up, treat with glucose gel. When fully alert, offer sips of juice
- Notify Parent and RN

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Student Name:	Date of Birth:	Grade:

HIGH Blood Sugar (Hyperglycemia) Management

If Symptoms - Take Action: Check Blood glucose/sensor glucose if possible. If above ____ mg/dl
- Encourage to drink water
- Contact parent/guardian
- Allow access to water and restrooms
- Other: _____

MILD SYMPTOMS

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

Mild Treatment:

• Encourage to drink water or diet soda (caffeine free): 1 ounce water/year of age/per hour

• When hyperglycemia occurs other than lunchtime – contact school nurse 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

Hyperglycemia:

If BG/SG is over ____ > twice in a row and greater than 2 hours apart:
- **Check** urine/blood ketones - if **moderate to large ketones in urine or if blood ketones are greater than 1.0 mmol and student is symptomatic, call parent/guardian as student should be treated at home. Notify school nurse**
- **If unable to test for ketones and student has symptoms of illness, nausea, vomiting and/or stomachache, notify the school nurse. At this point, the student should be treated/monitored by parent/guardian outside of school. If symptoms of nausea, vomiting and/or stomachache persist or worsened while at school and parent/guardian is unable to be contacted, call 911**
- Exercise restrictions - see Standards of Care and contact your school nurse

* **If student has labored breathing, change in mental status and/or may be dehydrated- call 911**

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

www.coloradokidswithdiabetes.org

If on Self Management Plan, attach Self-Management Agreement after this page.

Student Name:	Date of Birth:	Grade:

Student's Schedule									
AM Snack		Lunch		Recess		PM Snack		PE	
Location Snacks:					Location Eaten:				

Required Glucose Monitoring at School		
Method for blood glucose monitoring:	CGM Model: CGM Phone Code:	(If CGM, add CGM Addendum)
Location BG/SG Monitoring:	Health Office Student Self-Carry	Classroom Other:
CGM alarms set for BG Low:	mg/dl High	mg/dl

When to Check Blood Glucose
For signs/symptoms of low/high blood glucose and/or student does not feel well. Finger stick if CGM reads "high" or low" or if symtpoms do not match CGM reading.

Before School Program   Before Breakfast   Before Snack   Before Recess
Before Lunch   At _____am/pm   Before PE   After PE
At School Dismissal   After School Activity/Program   Other:

Exercise and Sports
Snack Carbohydrates:

- **Check BG/SG prior to activity**
- **Snack prior to PE only if BG/SG < ____**
- **Snack after Recess**
- **Snack prior to Recess only if BG/SG < ____**

Supporting Students with Diabetes:

1. Student is allowed to check BG/SG as needed anywhere in the school setting
2. Student may self-carry fast acting carbohydrates and keep fast acting carbohydrates in the classroom
3. Student with diabetes who ride the bus should always carry a fast-acting carbohydrate and will be allowed to consume it on the bus if needed
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 condition(s) and necessary interventions
6. Student is allowed to have access to cell phone or receiver at all times when utilized for diabetes care
7. Student may have extended time to consume their snack and meals in its entirety
8. Student may go to the front of the cafeteria line and be first to get their meal
9. Student must be accompanied to the health office when they are symptomatic

Student Name:	Date of Birth:	Grade:

Class/School Parties or Events with Food: *(Check all that apply)*	
●	In the event of a class party, student may eat the treat and be dosed with insulin per student diabetes health plan
●	Replace the treat with a parent/guardian supplied treat, the student **MAY NOT** eat the party treat
●	Contact parent/guardian prior to the event for instructions
	Planning must be made in advance for any events involving food

Classroom Emergency Preparedness: Parent/Guardian is encouraged to provide water and fast-acting carbohydrates for every classroom (example; computer lab, library, music, etc.).

Standardized and Academic Testing Procedures:	
Student has a(n): IEP	504
School staff to notify parent/guardian and school nurse of upcoming standardized testing in order to create a plan for BG/SG monitoring	
Acceptable Standardized Testing BG/SG range without symptoms: ____ to ____ mg/dl	

Field Trip and Special Events
● School staff will notify parent/guardian and school nurse several weeks in advance for necessary planning and staff training ● Trained/delegated staff must accompany the student, including self-managing students on all field trips ● The student will have access to all diabetes supplies (insulin, fast acting carbohydrate, snacks, glucometer, glucagon, etc.)

Staff Trained	Monitor BG/SG & treat hypo/hyperglycemia		Give Insulin		Give Glucagon	
Name	Yes	No	Yes	No	Yes	No
Name	Yes	No	Yes	No	Yes	No
Name	Yes	No	Yes	No	Yes	No

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Student Name:	Date of Birth:	Grade:

Further Instruction:

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 the 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 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).
- Parent/Guardian & student are responsible for maintaining necessary supplies, snacks, blood glucose meter, medications, and other equipment

Parent/guardian Signature: _____	Date IHP sent to parent for review:
School Nurse Signature:_____	Date:

Personal Care Services/Medically Necessary Services: (repeat segment if more than one service)

ICD-10 Code: E108

Specific task: (e.g. diabetes care)

Scope: What is the related service that is needed for the student? (e.g. BG/SG monitor, calculating carbs, administering insulin)

Duration: How long does the service take? (minutes or hours/per instance)

Frequency: How many times does it need to be done per day, or is the service as needed? You can write as needed in the box