

Student Name: _____ Birthday: _____ 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: _____ Preferred Contact Info: _____
 Parent/Guardian: _____ Preferred Contact Info: _____

Physician: _____ Work#: _____
 School Nurse: _____ Work #: _____
 Diabetes Resource Nurse: _____ Contact Info: _____

**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: _____

Target Range: mg/dl to mg/dl
 Notify Parents if values below mg/dl or above mg/dl

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

Medications: Insulin type: _____
 Delivery Device: Pen Syringe & vial InPen Pump Brand and Model: _____

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: _____
- Continuous Glucose Monitor: Yes Model: _____ 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: _____
 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:

Birthday

Grade

Emergency Medication: *For Severe Hypoglycemia

- Glucagon Dosage mg INTRAMUSCULAR injection
- Gvoke Dosage mg Route Subcutaneous Prefilled syringe: Arm Thigh Abdomen
- Nasal Glucagon (Baqsimi) Dosage 3mg Intranasal
- **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 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:**Mild Treatment:**

- **Treat** by giving up to 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 mg/dl or if symptoms persist.
- Once BG/SG mg/dl or higher, provide a up to a **15 gram** (or gram 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 mg/dl and symptoms persist, retreat until BG/SG above mg/dl.
- Once BG/SG mg/dl or higher, provide a **10-15 gram** (or 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:

Birthday

Grade

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

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 > 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:	Birthday	Grade
Student's Schedule:		
Lunch: PE: Recess: Snack: AM	PM	
Location of snacks:	Location Eaten:	

Exercise and Sports:	
Check BG/SG prior to activity Yes <input type="checkbox"/> No <input type="checkbox"/>	#Snack Carbohydrates:
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:

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:

Student Name:	Birthday	Grade
----------------------	-----------------	--------------

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:

<p>Nursing Care Services:</p> <p>ICD-10 Code:</p> <p>Specific Task: <i>(Example BG testing, administering insulin, treatment of hypoglycemia/hyperglycemia)</i></p> <p>Scope: <i>(What is the related service that is needed for the student?)</i></p> <p>Duration: <i>(How long does the service take? (minute or hours/per instance)</i></p> <p>Frequency: <i>(How many times does it need to be done per day or is the service as needed)</i></p>
--

Emergency Action Plan: Glucose Monitoring Treatment

STUDENT: _____

DOB: _____

GRADE/TEACHER _____

Insulin Addendum Pump Addendum CGM Addendum Self-Management Plan Other: Addendum _____

✚ TREATMENT PLAN: **Low Blood Glucose (Hypoglycemia): Below _____ mg/dl**

Causes: • Too much insulin • Too much exercise • High excitement/anxiety • Too few carbohydrates eaten for the amount of insulin given

If you see this:	Follow this: ACTION PLAN
<p>Signs of Mild Low Blood Glucose (STUDENT IS ALERT)</p> <ul style="list-style-type: none"> ▪ Headache ▪ Sweating, pale ▪ Shakiness, dizziness ▪ Tired, falling asleep in class ▪ Inability to concentrate ▪ Poor coordination ▪ Other: _____ 	<ol style="list-style-type: none"> 1. Responsible person accompany student to health room or check blood/sensor glucose on site 2. Check blood/sensor glucose 3. If less than _____mg/dl, give one of the following sources of glucose: (~15gms for fast-acting sugar (student < 5 y.o. give 7.5gms) <i>(Checked are student's preferred source of glucose but if not available any of these may be used)</i> <input type="checkbox"/> 2-4 glucose tablets <input type="checkbox"/> 6-9 Sweettarts® candies <input type="checkbox"/> 2-4 oz of juice Other: _____ 4. After 10-15 minutes, re-check blood/sensor glucose 5. Repeat giving glucose & re-check if necessary until blood glucose is > _____mg/dl. <i>Do not give insulin for the carbs used to bring up glucose level</i> <input type="checkbox"/> Follow with a 15gm complex carb snack (do not give insulin for these carbs) OR if lunch time – Send to lunch (give insulin per orders). <i>Notify parent/guardian & school nurse</i> <p>Comments: _____</p>
<p>Signs of Moderate Low Blood Glucose (Student has decreased alertness)</p> <ul style="list-style-type: none"> ▪ Severe confusion ▪ Disorientation ▪ May be combative 	<ol style="list-style-type: none"> 1. Check blood/sensor glucose 2. Keeping head elevated, give one of the following forms of glucose: <ul style="list-style-type: none"> • 1 tube Cake Mate® gel or instant glucose applied between cheek and gum 3. After 10-15 minutes, check blood/sensor glucose again 4. Re-treat if necessary, until blood/sensor glucose is > _____mg/dl. Follow with 15gm complex carb snack (do not give insulin for these carbs) 5. Suspend/disconnect pump. <i>Notify parent/guardian & school nurse</i> <p>Comments: _____</p>
<p>Signs of Severe Low Blood Glucose</p> <ul style="list-style-type: none"> ▪ Not able to or unwilling to swallow ▪ Unconsciousness ▪ Seizure <p>GIVE NOTHING BY MOUTH!</p>	<ol style="list-style-type: none"> 1. Call 911, activate Emergency response, place student on their side; CHECK BG/SG 2. If personnel are authorized give Glucagon, prescribed dose: _____mg(s) Intramuscular OR Give BAQSIMI (3mg): spray in one nostril or GVOKE prescribed dose _____mg(s) intramuscular 3. Suspend/disconnect pump & send pump to hospital with parent/EMS 4. Remain with student until help arrives. <i>Notify parent/guardian and school nurse</i> <p>Comments: _____</p>

✚ TREATMENT PLAN: **High Blood Glucose (Hyperglycemia) Blood/Sensor Glucose above _____ mg/dl**

Causes: • Illness • Underestimated carbohydrates and bolus • Hormonal Changes • Increased stress/anxiety • Insulin pump not delivering insulin

<p>Signs of High Blood Glucose (STUDENT IS ALERT)</p> <p>Symptoms could include:</p> <ul style="list-style-type: none"> • Extreme Thirst • Headache • Abdominal Pain • Nausea • Increased Urination • Lethargic • Other: _____ <p>Note:</p> <ul style="list-style-type: none"> • If on a pump, insulin may need to be given by injection – Contact school nurse & parent. • Allow to carry water bottle & use rest room unrestricted. 	<ol style="list-style-type: none"> 1. Provide blood/sensor glucose correction as indicated in Provider Orders or per pump. Recheck in 2 hours. 2. When hyperglycemia occurs other than at lunchtime – contact school nurse & parent to determine correction procedure per provider orders or one-time orders. 3. <i>Encourage to drink water or DIET pop (caffeine free); 1 ounce water/year of age/per hour.</i> 4. Notify parents and school nurse if BG/SG ≥ 300mg or _____ as indicated on provider orders. Contact the school nurse for Exercise Restrictions and School Attendance per Standards. 5. ✓ Check urine/blood ketones; if BG/SG is over 300mg/dl X2 or _____ as indicated on provider orders. & it has been > than 2 hours since last insulin dose. Recheck blood/sensor glucose in 2 hours following correction. Contact school nurse & parent with results. 6. ✓ Check urine ketones or <input type="checkbox"/> blood ketones; if glucose ≥ 300mg/dl or when ill, nausea, stomachache, lethargic, and/or vomiting. Contact school nurse & parent with results. 7. If BG/SG > 300mg/dl & urine ketones are moderate to large or if blood ketones are greater than 1.0 mmol, call parent & school nurse immediately! No exercise. Recommend: Student to be released to parent/guardian for treatment/monitoring at home. 8. For PUMP users: If BG/SG ≥ 300 mg/dl & ketones are <u>positive</u>, insulin to be given by injection by School Nurse or delegated staff (can use pump calculator to determine bolus) and set change by parent/guardian or independent student. If ketones negative, give an insulin bolus via pump and retest in 1-2 hours. Then if the BG/SG continues to be ≥ 300mg/dl, the correction bolus should be given by injection (can use pump calculator to determine bolus) and set change (to be changed by parent/guardian or independent student). Notify parents of BG/SG results, ketone levels and actions. 9. If student's BG/SG level is ≥ 300 mg/dl & symptomatic (illness, nausea, vomiting) - notify school nurse & parent. Student must go home to be treated/monitored by adult. <p>Comments: _____</p>
---	---

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____