

House Bill No. 1116, Chapter 5 Care of Students with Diabetes, Sec. 7 states:

A diabetes management and treatment plan must be prepared and implemented for a student with diabetes whose parent seeks care for the student's diabetes while the student is at school or participating in a school activity. The plan must be developed by:

- (1) the student's parent; and**
- (2) the licensed physician or licensed health care practitioner responsible for the student's diabetes treatment.**

A diabetes management and treatment plan must:

- (1) identify the health care services the student may receive at school;**
- (2) evaluate the students:**

(A) ability to manage; and

(B) level of understanding of the student's diabetes; and

- (3) be signed by the student's parent and the licensed physician or licensed health care practitioner responsible for the student's diabetes treatment.**

(C) The parent of a student who seeks care for the student's diabetes while the student is at school or participating in a school activity shall submit a copy of the student's diabetes management and treatment plan to the school. The plan must be submitted to and be reviewed by the school:

- (1) before or at the beginning of a school year;**
- (2) at the time the student enrolls, if the student is enrolled in school after the beginning of the school year; or**
- (3) as soon as practicable following a diagnosis of diabetes for the student**

DIABETES HEALTH CARE PLAN

NAME: _____

SCHOOL: _____

SCHOOL YEAR: _____

1. The school nurse and/or parent will inform each staff member having involvement with the student about his/her condition.
2. All staff and personnel will be educated in meeting the needs of a diabetic student and recognize the signs of hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar).
3. The student with diabetes will be given a pass to leave any class, at anytime, if he/she needs to use the bathroom or needs a drink of water.
4. A companion will accompany the student if he/she needs to go to the nurse's office when not feeling well. Staff will notify Nurse that the student is not feeling well and is on his/her way to the Nurse's office. NEVER SEND A STUDENT WITH ACTUAL - OR SUSPECTED - LOW BLOOD SUGAR ANYWHERE ALONE!
5. It is the parents' responsibility to alert the Nurse if their child has been experiencing Blood Glucose Results at home that are atypical.
6. Information on the student's Diabetes Health Plan will be included in all Substitute Teacher Plans. These teachers must be made aware that he/she has diabetes. The substitute must be made aware of his/her medical needs (bathroom-drinking-testing-snacking in class-going to the nurse) and any other pertinent accommodations.
7. It is the parents' responsibility to notify the Nurse if Medical Treatment changes. The parents must educate the Nurse on any new treatment, supplies or situations.
8. Medical supplies will be kept in the Nurse's office. It is the parents' responsibility to make sure that these supplies are adequate in quantity and not expired. These include: Blood glucose monitor, test strips, batteries for glucose monitor, lancing device, lancets, ketone strips, glucagons, source of fast-acting carb for treatment of hypoglycemia, any routine snacks, glucose tablets or instant glucose.
9. All school personnel will permit the student with diabetes to eat a snack in the classroom or wherever he/she is (including but not limited to classrooms, gym, auditorium, playground, fieldtrips and bus.)
10. The student's blood glucose monitor and fast acting sugar sources and snack must accompany the teacher on all field trips. A diabetes trained staff member must accompany this student on any field trip unless his/her parent is able and wishes to attend.
11. For physical education class, the student with diabetes will be given adequate time to have a snack before class, without consequence. The student should participate fully in physical education classes and sports. Physical education instructors and sports coaches must be able to recognize and assist with the treatment of hypoglycemia.
12. The student should NOT participate in physical activity if ketones are moderate or large.

GLUCAGON - EMERGENCY TREATMENT

- a. If the student with diabetes is unconscious or having a seizure, he/she will need an injection of Glucagon.
- b. If Glucagon is administered, immediately dial 911 and contact the parents.
- c. If no one is available to administer Glucagon, instant glucose should be placed inside the student's mouth (between cheek and gum) and 911 should be called.
- d. Glucagon and Drs' order must be brought to Nurse's office.

Parent _____

Nurse _____

Date _____

Date _____

MD _____

Date _____

Date of Plan: _____

Diabetes Management and Treatment Plan for School

Effective Dates: _____

This plan should be completed by the student's personal health care team and parents/guardian.
It should be received by the school nurse, who will develop the Individualized Health Plan (IHP).

Name: _____ Grade: _____

Birth Date: _____ Date of Diagnosis: _____

Physical condition: Diabetes type 1 Diabetes type 2

Health Insurance Company: _____

Insurance #: _____ Primary Cardholder: _____

CONTACT INFORMATION

Mother/Guardian _____

Address _____

Telephone: Home _____ Work _____ Cell _____

Father/Guardian _____

Address _____

Telephone: Home _____ Work _____ Cell _____

Student's Doctor/Licensed Health Care Practitioner

Name: _____

Address: _____

Telephone: _____ Emergency Number: _____

Other Emergency Contacts:

Name: _____

Relationship: _____

Telephone: Home _____ Work _____ Cell _____

Notify parents/guardian or emergency contact in the following situations:

BLOOD GLUCOSE MONITORING

Target range for blood glucose is: 70-150 70-180 Other _____

Usual times to check blood glucose: _____

Times to do extra blood glucose checks (check all that apply)

- Before exercise
- After exercise
- When student exhibits symptoms of hyperglycemia
- When student exhibits symptoms of hypoglycemia
- Other: (explain): _____

Can student perform own blood glucose checks? Yes No

Exceptions: _____

Type of blood glucose meter student uses: _____

INSULIN

USUAL DOSE AT SPECIFIED TIME

Base dose of Humalog Novolog Regular insulin (check type of rapid/short acting insulin used) is

_____dose OR _____dose/_____grams carbohydrates

Use of other insulin: (check type) and time _____

- Intermediate NPH Lente

Dose _____

OR (check type)

- Basal Lantus Ultralente

Dose _____

INSULIN CORRECTION DOSES

Physical orders should be obtained for administering a correction dose for high blood glucose levels. Yes No

_____ if blood glucose is _____ to _____ mg/dl

_____ if blood glucose is _____ to _____ mg/dl

_____ if blood glucose is _____ to _____ mg/dl

_____ if blood glucose is _____ to _____ mg/dl

_____ if blood glucose is _____ to _____ mg/dl

Can student give own injections? Yes No

Can student determine correct amount of insulin? Yes No

Can student draw correct dose of insulin? Yes No

FOR STUDENTS WITH INSULIN PUMPS

Type of pump: _____

Basal rates: _____ 12 am to _____
_____ to _____
_____ to _____

Type of insulin in pump: _____

Type of infusion set: _____

Insulin/carbohydrate ratio: _____ Correction factor: _____

Student Pump Abilities/Skills:

Needs Assistance

- Count carbohydrates Yes No
- Bolus correct amount for carbohydrates consumed Yes No
- Calculate and administer corrective bolus Yes No
- Calculate and set basal profiles Yes No
- Calculate and set temporary basal rate Yes No
- Disconnect pump Yes No
- Reconnect pump at infusion set Yes No
- Prepare reservoir and tubing Yes No
- Insert infusion set Yes No
- Troubleshoot alarms and malfunctions Yes No

FOR STUDENTS TAKING ORAL DIABETES MEDICATIONS

Type of medication: _____ Timing: _____

Other medications: _____ Timing: _____

MEALS AND SNACKS EATEN AT SCHOOL

Is student independent in carbohydrate calculations and management? Yes No

Meal/Snack	Time	Food content/amount
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____
Dinner	_____	_____

Snack before exercise? Yes No

Snack after exercise? Yes No

Other times to give snacks and content/amount: _____

Preferred snack foods: _____

Foods to avoid, if any: _____

Instructions for when food is provided to the class (e.g. as part of a class party or food sampling event):

EXERCISE AND SPORTS

A fast-acting carbohydrate such as _____ should be available at the site of exercise or sports.

Restrictions on activity, if any: _____

Student should not exercise if blood glucose level is below _____ mg/dl or above _____ mg/dl or if moderate to large urine ketones or blood ketones of _____ mmol/L are present.

HYPOGLYCEMIA (LOW BLOOD GLUCOSE)

Usual symptoms of hypoglycemia: _____

Treatment of hypoglycemia: _____

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow.

Route _____ Dosage _____ site for glucagon injection: _____ arm _____ thigh
_____ other

If glucagon is required, administer it promptly. Turn student on side. Then, call 911 (or other emergency assistance) school nurse and the parents/guardian if designated.

HYPERGLYCEMIA (HIGH BLOOD GLUCOSE)

Usual symptoms of hyperglycemia: _____

Treatment of hyperglycemia: _____

Blood or urine should be checked for ketones when blood glucose levels are above _____ mg/dl

Treatment for ketones: _____

SUPPLIES TO BE LEFT AT SCHOOL

- _____ Blood glucose meter, blood glucose test strips, batteries for meter
- _____ Lancet device, lancets, gloves, etc.
- _____ Urine ketone strips
- _____ Insulin vials and syringe
- _____ Insulin pump and supplies
- _____ Insulin pen, pen needles, insulin cartridges
- _____ Fast-acting source of glucose
- _____ Carbohydrate containing snack
- _____ Glucagon emergency kit

SIGNATURES

This Diabetes Management and Treatment Plan has been approved by:

Student's Physician/Health Care Provider

Date

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of _____ school to perform and carry out the diabetes care tasks as outlined by _____'s Diabetes Management and Treatment Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Acknowledged and received by:

Student's Parent/Guardian

Date

Student's Parent/Guardian

Date