

Diabetes Management and Treatment Plan

(Also see Emergency Response Plan)

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: TIMES TO DO BLOOD SUGAR:

- | | |
|--|--|
| <input type="checkbox"/> Trained personnel must perform blood sugar test | <input type="checkbox"/> Before lunch |
| <input type="checkbox"/> Trained personnel must supervise blood sugar test | <input type="checkbox"/> After lunch |
| <input type="checkbox"/> Student can perform testing independently | <input type="checkbox"/> Before P.E. |
| | <input type="checkbox"/> After P.E. |
| | <input type="checkbox"/> 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

DIET:

Lunch time _____ Scheduled P.E. time _____ Recess time _____
 Snack time(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 SIGNATURE:

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 _____