**DIABETES SCHOOL CARE PLAN**

**Student**

**School**

**Effective dates**

**DOB**

**Age**

**Grade**

**Teacher**

**Diabetes Type**

**Year of Diagnosis**

**Oral Meds**

**Injections**

**Pump**

**Parent/guardian #1**

**Telephone:**

- Home
- Work
- Cell

**Parent/guardian #2**

**Telephone:**

- Home
- Work
- Cell

**Other Contact**

**Relationship**

**Telephone:**

- Home
- Work
- Cell

**Primary Care Provider**

**Phone**

**Diabetes Care Provider**

**Phone**

**Diabetes Provider**

**Phone**

Notify parent/guardian in the following situations:

**Location of Supplies**

<table>
<thead>
<tr>
<th>Nurse’s Office</th>
<th>with Child</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood glucose meter /strips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin supplies/delivery system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucagon emergency kit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ketone testing supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snack foods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypoglycemia treatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Restrictions on activity, if any**

- Student should not exercise if blood glucose level is below ____________ or above ____________
- Water bottle should be immediately available. Have glucose meter available.

**Other considerations**

**Field trips:** Notify parents ahead of time in case of a needed insulin adjustment.

- Extra snacks, glucose monitoring supplies and glucose gel should be available.
- Copy of Care Plan should be carried by staff.
- Need for trained staff supervision. ______ Yes ______ No
- No child should be excluded from any school sponsored activity because of diabetes.

**Bus travel:** Bus driver should be aware of the student with diabetes.

- Accommodations for snack to be eaten on bus if indicated and blood glucose monitoring.
- Bus company notified: ______ Yes ______ No Date ______

**Restroom accommodations:**

- The student should have liberal restroom privileges or a permanent hall pass.

**Important considerations:**

If a child is dismissed from school during regular school hours, she/he needs to be accompanied by a parent or guardian.

**Signatures**

Reviewed by ____________________________ Date __________

Acknowledged/received by ____________________________ Date __________

Acknowledged/received by ____________________________ Date __________

Care Plan distributed to ____________________________ Date __________

Reviewed by ____________________________ Date __________

Acknowledged/received by ____________________________ Date __________

Acknowledged/received by ____________________________ Date __________

Care Plan distributed to ____________________________ Date __________

2/24/03

---

Revised 12/03 NH DHHS, Diabetes Education Program, School Health Committee. Please remove this credit line if you wish to adapt this guide to fit your needs.
Blood Glucose Monitoring

Target glucose range

Usual times for checking glucose (check all that apply)
- pre-meal
- when student exhibits symptoms of low blood glucose (hypoglycemia)
- pre-exercise/physical education
- when student exhibits symptoms of high blood glucose (hyperglycemia)
- post-exercise/physical education
- 2 hours after meals
- other

Student performs glucose check: independently w/supervision by trained personnel

Exceptions

School personnel trained to monitor glucose level:

<table>
<thead>
<tr>
<th>Location</th>
<th>Date of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Insulin and Other Medications

Insulin delivery system: syringe pen pump (type)
(for students with insulin pumps see individual student pump information sheet)

Student performs insulin administration: independently w/supervision by trained personnel

Explanation of supervision

School personnel trained:

<table>
<thead>
<tr>
<th>Location</th>
<th>Dates of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Times, types and dosage of insulin:

<table>
<thead>
<tr>
<th>Time</th>
<th>Type</th>
<th>Dosage</th>
<th>units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Insulin/carbohydrate ratio

Correction factor

List of other medications:

<table>
<thead>
<tr>
<th>Time</th>
<th>Medication</th>
<th>Purpose</th>
<th>Dosage/Route</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LOW BLOOD SUGAR (HYPOGLYCEMIA) Blood glucose less than

Treatment: Check blood sugar first if possible. Never send to office alone.

Student's usual symptoms of hypoglycemia

Treatment of hypoglycemia

Recheck glucose in 15 minutes. Make sure blood glucose level is greater than

If student is unconscious, having a seizure or unable to swallow: IMMEDIATELY give injection of (circle one):

- Glucagon IM (intramuscular) 0.5mg 1.0mg

Simultaneously have someone call 911 and parents. Glucagon may cause nausea. Place child on his/her side if unconscious.

HIGH BLOOD SUGAR (HYPERGLYCEMIA) Blood glucose greater than

Student's usual symptoms of hyperglycemia

Treatment of hyperglycemia

Ketone testing

Treatment for ketones

Encourage sugar free fluids and call if nausea/vomiting or moderate to large ketones are present. See attached hypo/hyperglycemia form.

Meals and Snacks Eaten at School

The carbohydrate content of food is important in maintaining target blood glucose range.

<table>
<thead>
<tr>
<th>Time</th>
<th>Food content/amount (grams of carbohydrate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Breakfast

A.M. snack

Lunch

P.M. snack

Dinner

Snack before exercise Yes No Type of snack if given Time

Snack after exercise Yes No Type of snack if given Time

Other times to give snacks and amount/content

A source of glucose such as should be available at all times.

Preferred snack Foods to avoid

Instructions for food during class parties or food sampling

Revised 12/03 NH DHHS, Diabetes Education Program, School Health Committee. Please remove this credit line if you wish to adapt this guide to fit your needs.