

# Diabetes Individualized Health Care Plan

Picture

Effective Date: \_\_\_\_\_

**504 Plan**

**Special Education Plan**

**Type I Diabetes**

**Type II Diabetes**

## STUDENT INFORMATION

**Age at diagnosis:** \_\_\_\_\_

Student:	School Year:	School:	Grade
Date of birth:	Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		
Parent/Guardian:	Phone(s):	Email:	
Parent/Guardian:	Phone(s):	Email:	
Other contact (name):	Phone:		
Physician:	Phone:	FAX:	
Physician:	Phone:	FAX:	
School Nurse:	School Phone:	FAX:	

## Blood Glucose Testing

Student is independent  Student needs assistance with testing  Student needs supervision

Times to test:  
 before lunch  before PE  before going home  As needed  other \_\_\_\_\_

Call parent if blood glucose is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl

*Always test if showing signs/symptoms of low or high blood glucose*

## Insulin Delivery

Insulin needed during school hours?  Yes  No

Type of insulin: \_\_\_\_\_

Method of insulin delivery if needed at school:  Syringe  Insulin pen  Insulin pump

Person to administer insulin:  student (independent)  student (needs supervision)  parent  Staff (specify) \_\_\_\_\_  Other \_\_\_\_\_

Location of medication:\*\*\*  Office  With teacher  With student

**\*\*\*A completed Medication Authorization Form must be signed by both parent and physician and on file in the office before any medication can be given or carried at school**

Blood Glucose Correction Dose (bolus):  
 \_\_\_\_\_ unit(s) of insulin per \_\_\_\_\_ mg/dl over \_\_\_\_\_ mg/dl

Meal bolus: Insulin-carbohydrate ratio \_\_\_\_\_ unit(s) of insulin for every \_\_\_\_\_ grams of carbohydrate (CHO)

Blood Glucose Level (mg/dl)	Units of Insulin
Less than 100	
101 – 150	
151 – 200	
201 – 250	
251 – 300	
301 – 350	
351 – 400	
401 – 450	
451 – 500	

CHO eaten (or to be eaten)	Units of Insulin

Note: Insulin dose is a total of meal bolus and correction bolus

**If using insulin pump, enter blood glucose level and carbohydrates eaten or to be eaten. The pump will calculate the prescribed amount of insulin.**

## Snack

Are snacks needed during school? \_\_\_\_\_ No \_\_\_\_\_ Yes (Provided by parent) – if yes what time?

## Exercise and Sports

Is a snack needed before PE? \_\_\_\_\_ No \_\_\_\_\_ Yes (Provided by parent)

Student should not exercise if blood glucose level is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl.

## Low Blood Glucose (Hypoglycemia)

### Emergency situations may occur with low blood sugar!

Symptoms: shaky, feels low, feels hungry, confused, other: \_\_\_\_\_

- Student needs treatment when blood glucose is below \_\_\_\_\_ mg/dl or if symptomatic
- If treated outside the classroom, a responsible person MUST accompany student to the office
- If blood glucose is below \_\_\_\_\_ mg/dl give \_\_\_\_\_
- After 15 minutes recheck blood sugar
- Repeat until blood glucose is over \_\_\_\_\_ mg/dl

GLUCAGON: Student has glucagon at school (signed authorization must be submitted): Yes \_\_\_\_\_ No \_\_\_\_\_

*Only trained staff can administer. Given when student is unconscious, unresponsive or having a seizure.  
911 MUST always be called if glucagon is administered.*

## High Blood Glucose (Hyperglycemia)

Symptoms: Increased thirst, increase need for urination, other: \_\_\_\_\_

- Student needs treatment when blood glucose is over \_\_\_\_\_ mg/dl
- If blood sugar is over \_\_\_\_\_ mg/dl contact parent
- Allow unrestricted bathroom privileges
- Encourage student to drink water or sugar-free drinks
- If vomiting call parent *immediately!*

### Call 911 for the following

- If Glucagon is administered
- Student is unable to cooperate to eat or drink anything
- Decreasing alertness or loss of consciousness
- Seizure

Other \_\_\_\_\_  
\_\_\_\_\_

### Additional Information

- Student must always be allowed access to fast-acting sugar.
- Student is allowed to carry a water bottle and have unrestricted bathroom privileges.
- Student is allowed to test his/her blood glucose when/where needed
- Substitute teachers must be aware of the student's health situation, but still respecting privacy
- Notify parent(s)/guardian when blood sugar is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl and for emergencies.

As parent/guardian of the above named student, I give my permission to the school nurse and other designated staff to perform and carry out the diabetes tasks as outlined in this Individualized Health Plan (IHP) and for my child's healthcare provider to share information with the school nurse for the completion of this plan. I understand that the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the school nurse whenever there is any change in the student's health status or care. Parents/Guardian and student are responsible for maintaining necessary supplies, snack, blood glucose monitor, medications and equipment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

# DIABETES EMERGENCY ACTION PLAN

Picture

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone(s): \_\_\_\_\_ Grade: \_\_\_\_\_

## CHECK BLOOD GLUCOSE

Below 70 (or _____) (Hypoglycemia)	70 – 90	91 – 125	126 – 250	Above 250 (or _____) (Hyperglycemia)
<p><b>*SEVERE HYPOGLYCEMIA</b>                      Combative                      Inability to swallow                      Loss of consciousness                      Seizure</p>	<p><b>MODERATE HYPOGLYCEMIA</b>                      Blurry Vision                      Weakness                      Sleepiness                      Behavior change                      Poor coordination                      Slurred speech</p>	<p><b>MILD HYPOGLYCEMIA</b>                      Hunger                      Paleness                      Dizziness                      Crying                      Shakiness                      Poor concentration                      Personally change                      Drowsiness</p>	<p>If exercise is planned before a snack or meal (including recess) the student must have a snack before participating.</p>	<p><b>MILD/MODERATE HYPERGLYCEMIA</b>                      Thirst                      Frequent Urination                      Stomach pains                      Fatigue/sleepiness                      Flushing of skin                      Increased hunger                      Blurred vision                      Lack of concentration                      Sweet, fruity breath                      Dry mouth</p>
<p><b>ACTIONS FOR SEVERE HYPOGLYCEMIA</b>                      1. Don't attempt to give anything by mouth.                      2. Position on side, if possible.                      3. Contact trained diabetes personnel.                      4. Administer glucagon, if prescribed.                      5. Call 911                      6. Contact parents/guardian.                      7. Stay with student.</p>	<p><b>ACTIONS FOR MODERATE HYPOGLYCEMIA</b>                      1. Give student fast-acting sugar source                      2. Wait 10 to 15 minutes.                      3. Recheck blood glucose.                      4. Repeat food if symptoms persist OR blood glucose is less than 70.                      5. Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).</p>	<p><b>ACTIONS FOR MILD HYPOGLYCEMIA</b>                      If student's blood sugar result is immediately following strenuous activity, give an additional fast-acting sugar.</p>	<p><b>ACTIONS FOR MILD/MODERATE HYPERGLYCEMIA</b>                      1. Allow liberal bathroom privileges.                      2. Encourage student to drink water or sugar-free drinks.                      3. Check blood glucose &amp; administer insulin per physician orders                      4. Contact parent if blood sugar is over 300 mg/dl.</p>	<p><b>ACTIONS FOR SEVERE HYPERGLYCEMIA</b>                      1. If student vomits or is lethargic call parent.                      2. If parent is unavailable contact 911</p>
<p><b>Causes of Hypoglycemia:</b>                      Too much insulin, missed food, delayed food, or exercise</p>				
<p><b>FAST ACTING SUGAR SOURCES:</b>                      3-4 glucose tablets <b>OR</b> 4 ounces juice <b>OR</b> 6 ounces regular soda <b>OR</b> 3 teaspoons glucose gel <b>OR</b> 3 teaspoons sugar in water</p>				
<p><b>Causes of Hyperglycemia:</b>                      Too much food, too little insulin, illness, stress, or decreased activity</p>				

**Never send a child with suspected low blood glucose anywhere alone!!!**

**\*Severe symptoms are a life-threatening emergency**

Name:

DOB:

asthma

**ACTION PLAN**

**Green  
Zone:  
Routine  
Therapy**

**If student is:**

- breathing easily
- not coughing or wheezing
- not short of breath
- able to work and play easily

**Avoid these asthma triggers:**

\_\_\_\_\_  
\_\_\_\_\_

**Take a QUICK RELIEF Medicine:**

5 minutes prior to exercise or unavoidable trigger exposure.

**Yellow  
Zone:  
Step Up  
Therapy**

**IF STUDENT IS:**

- coughing
- wheezing
- short of breath
- having difficulty breathing during activity
- feeling chest tightness

**Take your QUICK RELIEF Medicine:**

\_\_\_\_\_

- rest in a comfortable position, but not lying down.
- relax and take slow deep breaths.

**Monitor Symptoms**

- If symptoms RESOLVE within 15 minutes, student may return to class.
- If symptoms PERSIST or return within a few hours, follow red zone directions and contact parent.

**Red  
Zone:  
Get Help  
NOW!**

**If:**

- medicine is not helping
- breathing is very difficult
- breathing difficulty limits mild activity
- speaking makes you short of breath

**Take QUICK RELIEF Medicine:**

• \_\_\_\_\_

If red zone symptoms persist, call 911.

- If symptoms do not improve, repeat previous \_\_\_\_\_ dose and watch student closely until ambulance arrives

**DO NOT try and treat severe symptoms yourself.**

This is a general guide only; some individual's asthma worsens quickly. **When in doubt, call 911.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_



Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs.

Asthma:  Yes (higher risk for a severe reaction)  No

**For a suspected or active food allergy reaction:**

PLACE  
STUDENT'S  
PICTURE  
HERE

## FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS

If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.



### LUNG

Short of breath, wheezing, repetitive cough



### HEART

Pale, blue, faint, weak pulse, dizzy



### THROAT

Tight, hoarse, trouble breathing/ swallowing



### MOUTH

Significant swelling of the tongue and/or lips



### SKIN

Many hives over body, widespread redness



### GUT

Repetitive vomiting or severe diarrhea



### OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION** of mild or severe symptoms from different body areas.

**NOTE:** Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine.

- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Request ambulance with epinephrine.
  - Consider giving additional medications (following or with the epinephrine):
    - » Antihistamine
    - » Inhaler (bronchodilator) if asthma
  - Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

**NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.**

## MILD SYMPTOMS

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.



### NOSE

Itchy/runny nose, sneezing



### MOUTH

Itchy mouth



### SKIN

A few hives, mild itch



### GUT

Mild nausea/discomfort



- 1. GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN**
- Stay with student; alert emergency contacts.
- Watch student closely for changes. If symptoms worsen, **GIVE EPINEPHRINE.**

## MEDICATIONS/DOSES

Epinephrine Brand: \_\_\_\_\_

Epinephrine Dose:  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

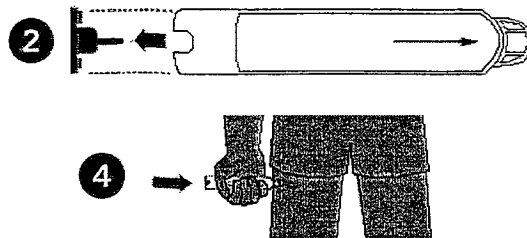
PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE



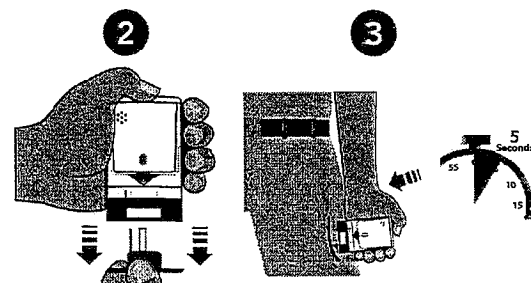
### EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



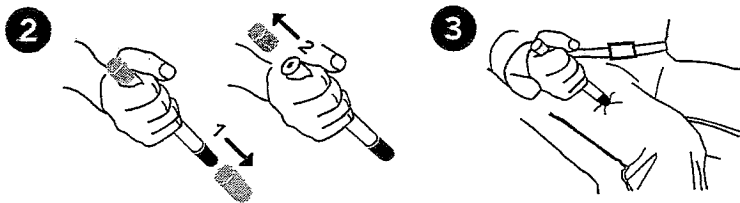
### AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



### ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.



### OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat student before calling Emergency Contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

#### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

#### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE