

**Hutchinson Public and Parochial Schools Health Services
Diabetic Care Plan**

School Year _____

Student Name _____

Teacher/Room _____

Blood Glucose Monitoring

Glucose testing times

Additional testing times

- PRN Blood Glucose Testing Symptoms of Hypoglycemia/Hyperglycemia
- Trained personnel must perform blood glucose test
- Student may test independently
- Student may test with supervision
- Send results home per parent request _____
- Student wears a continuous glucose sensor

Diabetes Regimen

- Medication at home _____
- Insulin at home (type and times) _____
- Insulin administered per
 - Pump
 - Subcutaneous bolus
 - Pen (expires 28 days after opening)
 - Syringe (vials expire 30 days after opening)
 - Other
- Trained personnel must administer insulin
- Student may dose and administer insulin independently
- Student may administer insulin independently after dosed and checked by nurse
- Student may administer insulin with supervision after dosed and checked by nurse

Medication Orders

- Blood glucose target range _____
- Follow dosage calculator program in the insulin pump
- Dose calculation based on food intake and current blood glucose
- Meal bolus 1 unit/_____grams of carbohydrate
- Blood glucose correction scale _____unit/_____points BG is > _____
- Other meal or snack dose _____unit/_____carbohydrate
- Insulin type _____
- Parent authorized to adjust insulin dose as needed
- Glucagon injection _____mg for severe hypoglycemia as noted on back page

Blood Glucose Correction Scale

Blood Glucose Value	Units of insulin	Blood Glucose Value	Units of Insulin

Physician Signature

Date

Physician printed name and phone number

Diabetes Overview

- Correction bolus may not be given within 2-3 hours of the last injection
- Field Trip Accommodations
 - Parent will chaperone student
 - Trained school staff will chaperone student
 - Student does not require chaperone
 - _____
- Field Trip Meals
 - Student will bring own food
 - _____
- Exercise and activities
 - Additional carbohydrates prior to exercise _____ grams
 - _____
- If insulin pump in use
 - Disconnect prior to exercise in Health Office
 - Disconnect prior to exercise by self
 - _____
- Notify parents if Blood Glucose
 - Below _____
 - Above _____

Accommodations

- Allow frequent visits to Health Office
- Allow frequent bathroom visits
- Allow snack and/or fluids in classroom
- _____
- _____
- _____

Student will attend

- West Elementary 320-234-2735 office
320-587-0735 fax
- Park Elementary 320-234-2734 office
320-587-4821 fax
- Middle School 320-234-2733 office
320-587-2857 fax
- High School 320-234-2732 office
320-587-8217 fax

Hypoglycemia

- Check blood glucose if able
- Immediately treat with 15 grams of fast-acting carbohydrate
 - 4 oz. juice, frosting, candy bar
 - 4 oz. regular pop
 - 3-4 glucose tabs
- Recheck blood glucose in 15 minutes, repeat 15 grams of carbohydrate if blood glucose remains low
- Notify parent if blood glucose is low more than 2x per week
- If unconscious or having seizures due to low blood glucose
 - Administer injection of Glucagon (as ordered on front page)
 - Turn student on side, watch for vomiting
 - Notify parent and EMS per protocol
- Signs/symptoms
 - Appear tired
 - Hungry
 - Headache
 - Confused, disoriented
 - Shaky

Hyperglycemia

- High blood glucose is not an emergency
- Check blood glucose
- Check ketones if:
 - Student is ill
 - Student receives injections and BG is > 300 twice in a row
 - Student is on pump and BG>300
- Notify parent immediately of blood glucose >300 with positive ketones, or student is vomiting
- Push fluids
- Administer bolus per protocol
- Do not exercise to lower blood glucose if ketones are present
- Signs/symptoms
 - Extreme thirst
 - Frequent urination
 - Fatigued
 - Blurred vision
 - Nausea

Parent Signature

Date

LSN Signature

Date

Student Signature

Date

Clinic Name/Address/Phone