

# Student Health Plan: Diabetes Classroom Daily Care

Type 1

Type 2

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
School Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Diabetes Educator: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital of Choice: \_\_\_\_\_ 504 Plan on file:  Yes  No

**Blood glucose monitoring**  Before snack  Before PE  After PE  Before lunch  After lunch  Other: \_\_\_\_\_

As needed for signs/symptoms of low or high blood glucose.

Target range \_\_\_ mg/dl to \_\_\_ mg/dl

**Snack time**  AM  PM Snacks are provided by parents and kept in the classroom and health room.

**NOTE:** *A comprehensive Individualized Health Plan is kept in the health office.*

## **Health Concern #1**

### **Low Blood Glucose (Hypoglycemia)**

*Emergency situations may occur with low blood glucose*

*Symptoms: shaky, feels low, feels hungry, confused*

- Student is treated when blood glucose is below \_\_\_ mg/dl or if symptomatic.
- If treated outside the classroom, a responsible person should accompany student to the clinic.
- Follow directions on **Hypoglycemia Flow Chart**.

## **Health Concern #2**

### **High Blood Glucose (Hyperglycemia)**

*Symptoms: increased thirst, increase in urination, headache, stomachache*

- Student is treated when blood glucose is above \_\_\_ mg/dl.
- Follow directions on **Hyperglycemia Flow Chart**.

## **Call 911 for following**

1. Student is unable to cooperate to eat or drink anything.
2. Decreasing alertness or loss of consciousness.
3. Seizure—never put anything into the mouth of a person who is unconscious or having a seizure. Roll student onto side and protect from injury.

NOTE: If Glucagon is prescribed and by delegated staff to administer.

Comments:

**Medication at School:** Insulin via:  Pump  Syringe  Pen  None  
Scheduled Insulin Bolus:  Yes  No Times: \_\_\_\_\_  
Glucagon:  Yes  No Location in school: \_\_\_\_\_

Additional Information:

1. Student is allowed access to fast-acting glucose.
2. Student is allowed to carry a water bottle and have unrestricted bathroom privileges.
3. Substitute teachers must be aware of the student's health situation.
4. Be aware that blood glucose levels can affect ability to concentrate and perform properly on tests. Prior to and during timed tests, i.e., CSAPs, have student monitor their blood glucose. If blood glucose out of range during test, treat per care plan. Allow for student to continue taking test when student returns to normal range and asymptomatic.
5. **Notify Parent(s)/Guardian when blood glucose is below \_\_\_ mg/dl or above \_\_\_ mg/dl and for emergencies.**

**FIELD TRIPS AND SPECIAL EVENTS:** Notify parents of all field trips and special events. Supervising staff will review Student Health Plan. Trained and delegated staff will provide necessary interventions for daily management and emergency care. All necessary supplies will accompany student during the trip and may include: blood glucose meter, snack and drinks, fast acting glucose, Glucagon.

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 Student Health Plan and for my child's health care 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.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date