**STUDENT HEALTH PLAN: DIABETES CLASSROOM DAILY CARE**

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| **STUDENT:** |  | **DOB:** |  | | **DISTRICT:** |  | | |
| **SCHOOL:** |  | **GRADE/TEACHER:** | |  | | | **504:** |  |

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

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| Health Concern: |  | Type 1 Diabetes |  | Type 2 Diabetes | Other: | |  | Date of Diagnosis: |  |
| School Nurse: |  | | | | | Work#: |  | | |

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| **TARGET RANGE – Blood Glucose/Sensor Glucose:** | | | | | | | | | | | | | | | **mg/dl** | | | | | | **TO** | | | | | | | **mg/dl** | | | | | | | | | |
| **Notify Parents and School Nurse if Blood Glucose/Sensor Glucose values below:** | | | | | | | | | | | | | | | **mg/dl** | | | | | | **Or above:** | | | | | | | **mg/dl** | | | | | | | | | |
| Continuous Glucose Monitor | | | | | | | | **(see CGM addendum)** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **When to Check Blood Glucose/Sensor Glucose:** | | | | | | | As needed for signs/symptoms of low/high BG/SG and/or does not feel well | | | | | | | | | | | | | | | | | | | | | | | | | | | Behavior Concern | | | |
| Before School Program | | | | | | | Before Snack | | | | | Mid-morning | | | | | | After School Program/Extracurricular Activity | | | | | | | | | | | | | | | | | | |  |
| Before Lunch | | | | | | | After Lunch | | | | | Recess | | | | | | Before PE | | | | | | After PE | | | | | | | | | | | | | |
| School Dismissal | | | | | | | Before riding bus/walking home | | | | | | | | | | | 2 hrs after correction | | | | | | | | | Other: | | | | | |  | | | | |
| **Diet Restrictions:** | |  | | | | | | | Location of Snacks: | | | | | |  | | | | Location Snack Eaten: | | | | | | | | | |  | | | | | | | | |
| **Student Schedule:** Lunch: | | | | | |  | | | PE: | |  | | | Recess: | | |  | | | | | Snack: | | | a.m. | | | | | | p.m. | | | | | | |
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| **Health Concern #1 ✜Low Blood Glucose/Sensor Glucose (Hypoglycemia)<     mg/dl**  ***Emergency situations may occur with low blood glucose/sensor glucose***  **Symptoms: shaky, feels low, feels hungry, confused**   * Student is treated when blood glucose/sensor 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**. - **GIVE FAST ACTING SUGAR** then provide follow-up care by trained school staff/school nurse & notify parents * **IF UNCONSCIOUS – Trained personnel to give *GLUCAGON* & Call 911** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Health Concern #2✜High Blood Glucose/Sensor Glucose (Hyperglycemia)>     mg/dl**  **Symptoms: increased thirst, increase in urination, headache, stomachache**   * Student is treated when blood glucose/sensor glucose is above **mg/dl.**   Follow directions on **Hyperglycemia Flow Chart** then provide follow-up care by trained school staff (may need insulin) & notify parent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **✜ Call 911**  **for the following:** | | | | | | 1. Student is unable to eat or drink anything. 2. Decreasing alertness or loss of consciousness. 3. Seizure–never put anything in mouth of unconscious person. Roll student onto side & protect from injury. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Medication at School:** | | | | **Insulin via:** | | | Pump | | | Syringe | | | Pen | | | None | | | | **Scheduled Insulin Bolus:** | | | | | | | | | | | | Yes Times: | | | | | |
|  | | | | **Glucagon:** | | | No | | | Yes | | | InPen | | | | | | | Location in School: | | | | | | | | | |  | | | | | | | |
| **Equipment at School:** | | | | Pump | | | Blood Glucose Meter | | | | | | Continuous Glucose Monitor | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Additional Information:**  ***Notify parents & School Nurse of any concerns*** | 1. Student is allowed access to fast-acting glucose, to carry a water bottle, and have unrestricted bathroom privileges. 2. ***Substitute teachers*** must be aware of the student’s health situation and responsibilities. 3. **NOTE:** Blood/sensor glucose levels can affect ability to concentrate and perform properly on tests. Prior to & during timed tests, standardized tests, etc. have student check their blood/sensor glucose. If blood/sensor 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. 4. Always have fast-acting sugar available in each classroom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FIELD TRIPS AND SPECIAL EVENTS:** Notify parents of all field trips/special events. Supervising staff will review Health Plans. Trained/delegated staff should accompany student & provide necessary interventions for daily management and emergency care. All necessary supplies will accompany student during the trip. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *As parent/guardian of the above-named student, I give my permission to the school nurse & other designated staff to perform & carry out the diabetes tasks as outlined in this Student Health Plan & 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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent Signature:** | | |  | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | | | | |
| **School Nurse Signature:** | | | | |  | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | | | | |