

IHP Diabetes T2 Student Name:

Grade:

DOB:

Prepared by

RN - District Nurse

Parent and Emergency Contact Information:

Parent/Guardian contacts: Emergency Contact:		
Physician Name:	Number:	Fax:

Type 2 Diabetes is a metabolic disease in which the body cells do not respond appropriately to the insulin produced and released by the pancreas. This is a condition known as insulin resistance. Blood glucose values rise to unsafe levels that can cause the student to feel unwell and can also lead to complications over time due to damage caused by elevated blood sugars. Type 2 diabetes tends to run in families and has become more prevalent due to our increase in body mass and inactivity. Students with Type 2 diabetes are encouraged to eat a healthy diet and increase activity. Some students may take oral medications, and/or basal insulin or other injectable medication.

Insulin Basal (long acting) Type and dosage: _____ Taken at Home Taken at School

Other injectable medication (that is not insulin): _____ Taken at Home Taken at School

Oral medication(s) Type and dosage: _____ Taken at Home Taken at School

Will the student check blood glucose during the school day? No Yes

If yes, when? _____ Where? _____

Does the student use any technology (for example CGM)? _____

Is the student at risk for hypoglycemia? No. Yes. If yes, low treatment regimen? _____

Treatment for Hyperglycemia (greater than 250 BG) _____

How does the student treat hyperglycemia during the school day? _____

Where will supplies be kept? Student to self-carry Supplies to be kept in health room _____

When should parents be contacted? _____

Parental Notification Preference:

Phone Call: Text: Email:

Student reminder: Document in "My Chart" from their phone

Notify Parents:

-

CALL 911:

- With all emergencies

FIELD TRIPS: The current HCP should accompany the student on all field trips. Supervising Staff will review this Student Health Plan . Trained and delegated staff will provide necessary health interventions as identified by the Student Health Plan. Parents will be notified before field trips.

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Student has a 504 Yes No

Student has an IEP Yes No

What health supports does this student need in an emergency setting such as a **lockdown**?

Follow IHP +

What health supports does the student need **outside of academic day**?

(Include before and after school, athletics, field trips, overnight, and travel)

Personal Care Services (Individual Support Para) or these functions: **ICD-10 Code –E889** (*metabolic disorder otherwise unspecified*)

Specific task: *example: CGM/BG check, insulin dosing/supervision, Management of high and low BG, following IHP*

Scope: *Follow IHP instructions for care*

Duration: *As needed to support student care*

Frequency: *As needed to support student care*

Date Care plan sent to parent for review: _____

RN District Nurse

School Health Aide

Date

Phone Number

Additional Information: Chronic Hyperglycemia Diagnosis Date: _____

Current A1C: _____