

PRESCRIBED MEDICATIONS

This Diabetic Care Plan can be modified per physician's order or with written notice by parents/guardians.

Student does flexible dosing using _____ units of _____ insulin for every _____ grams of carbohydrate eaten with Snacks Lunch

- Student requires assistance to count carbohydrates
- Student can count carbohydrates unassisted
- Special event/class food is allowed at parents/guardian discretion
- Special event/class food is allowed at student discretion

Student will receive corrective insulin dosing:

- At Snack At Lunch Any time during school hours if it has been > 3 hours since last insulin dose

> _____ but < _____ Give: _____; > _____ but < _____ Give: _____

> _____ but < _____ Give: _____; > _____ but < _____ Give: _____

If over _____ Give: _____ and contact the parent/guardian.

Note: Confirm CGM results with blood glucose finger stick check prior to administering corrective insulin dosing.

Insulin Pump

Student has _____ insulin pump. Type of infusion set: _____

Basal rates: _____ Insulin/Carbohydrate ratio: _____ Correction factor: _____

- Yes No May disconnect from pump for sports activities
- Yes No Set a temporary basal rate: _____% temporary basal for _____ hours
- Yes No Suspend pump use

Insulin Administration

- Student will have all insulin administered by a trained diabetic care provider
- Student can administer all insulin with assistance/supervision by a trained diabetic care provider
- Student can administer all insulin independently without supervision per physician order and has and shown him/herself proficient by demonstration
- Student can troubleshoot insulin pump alarms and malfunctions independently per physician order
- Student must keep all medication and testing supplies with them at all times

BLOOD GLUCOSE MONITORING

Target Blood Glucose Range Is _____ mg/dL

Call parent/guardian for any blood glucose level < _____ mg/dL or > _____ mg/dL

Usual times to check blood glucose level: _____; _____; _____; _____

Additional blood glucose checks: before exercise after exercise other _____

Note: A finger stick blood glucose check should always be used to check blood glucose level if hypo/hyperglycemia is suspected. If a student experiences symptoms of hypo or hyperglycemia, monitor student and refer to the hypoglycemia and hyperglycemia guidelines before returning to physical activity.

Brand/Model of Glucose Meter _____

Continuous Glucose Monitor (CGM) Yes No Alarm setting for: Low _____ High _____

Note: Confirm CGM results with blood glucose meter finger stick before taking action on sensor blood glucose level. If student has symptoms of hypo/hyperglycemia, check finger stick blood glucose level regardless of CGM reading.

- Student requires assistance/supervision by a trained diabetic care provider for blood glucose checks
- Student can perform glucose checks independently without supervision per physician order and has and shown him/herself proficient by demonstration

HYPOGLYCEMIA (LOW BLOOD SUGAR)

Recognize the signs and symptoms of mild/moderate hypoglycemia: Never ask students with diabetes to wait until the end of a lesson or class when they have or complain of any of these symptoms: Hunger, Shakiness, Weakness, Anxiety, Paleness, Irritability, Dizziness, Sweating, Drowsiness, Headache, Blurry Vision, Poor Coordination, Behavior Change, Confusion, Inability to Concentrate, Slurred Speech, other: _____

Note: Finger stick blood glucose check should always be used to check blood glucose level if hypoglycemia is suspected.

If blood glucose is < _____ mg/dL or there are signs of low blood sugar then provide quick-sugar source: 3-4 Glucose Tablets 4oz. Juice 6oz. Regular Soda 3tsp Glucose Gel

other _____

Note: Student must always have immediate access to snacks

- ▶ Monitor 10 to 15 Minutes and recheck blood sugar. Repeat food if symptoms persist or blood glucose < _____ mg/dL.
- ▶ If blood sugar is >70mg/dL but student continues to feel low or not well, monitor and re-test in 10-15 minutes.
- ▶ If blood sugar < _____ mg/dL repeat treatment for low blood sugar, monitor and notify parent/guardian immediately.
- ▶ Blood sugar must be > _____ mg/dL to participate in physical activity.

IF STUDENT IS HAVING SEVERE SYMPTOMS SUCH AS: Unable to swallow, Seizures or becomes Unconscious-- Stay with the student! Place student on their side. Have someone call 911 and the parent/guardian.

Administer Glucagon Injection/Nasal Spray _____ mg (ordered by physician and supplied by the parent/guardian)

HYPERGLYCEMIA (HIGH BLOOD SUGAR)

Recognize the student's symptoms of high blood sugar: increased thirst, blurred vision, frequent urination, dry skin, drowsiness, nausea, hunger, difficulty breathing

Note: The fingertip should always be used to check blood glucose level if hyperglycemia is suspected.

- ▶ If blood sugar is > _____ mg/dL for two consecutive tests, notify parent.
- ▶ If blood glucose remains > _____ mg/dL and hyperglycemic symptoms persist, contact parent to pick-up from school.
- ▶ If blood sugar is > _____ mg/dL check urine for ketones (parents must supply strips) If ketones present contact student's parent/guardian.
- ▶ Avoid physical activity if blood sugar is > _____ mg/dL or if urine ketones are moderate to large.