SKOKIE SCHOOL DISTRICT 68

Individual Health Care Plan-Diabetes

Effective Date: _____ School Year: 20____ to 20____

This plan should be completed by the student's diabetes care aide/health clerk and parents/guardians. It should be reviewed with relevant school staff and copies should be kept in a place that is easily accessed by the health clerk/diabetes care aide and other authorized personnel.

Student's Name: _____

Date of Birth: _____ Date of Diabetes Diagnosis: _____

Grade: _____ Homeroom Teacher: _____

Physical Condition: □ Diabetes type 1 □ Diabetes type 2

Contact Information:

Mother/Guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Father/Guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Student's Physician:

Name: _____

Address: _____

Telephone: _____ Emergency Number: _____

Other Emergency Contacts (English-speaking):

Name: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Notify parents/guardians or emergency contact in the following situations:

_____

_____

Blood Glucose Monitoring:

Target range for blood glucose is □ 70-150 □ 70-180 □ other _____

Usual times to check blood glucose _____

Times to do extra blood glucose checks (check all that apply)

□ before exercise

□ after exercise

□ before lunch

□ after lunch

□ before boarding the school bus

□ when student exhibits symptoms of hyperglycemia

□ when student exhibits symptoms of hypoglycemia

□ other (explain): _____

Can student perform own blood glucose checks? □ Yes □ No

Exceptions: _____

Type of blood glucose meter student uses: _____

Insulin Dosing:

Usual Lunchtime Dose

Base dose of Humalog/Novolog/Regular insulin at lunch (circle type of rapid-/short-acting insulin used) is _____ units or does flexible dosing using _____ units/ _____ grams of carbohydrate.

Use of other insulin at lunch: (circle type of insulin used): intermediate/NPH/lente _____ units or basal/Lantus/Ultralente _____ units.

Insulin Correction Dosing:

Parental authorization should be obtained before administering a correction dose for high blood glucose levels. □ Yes □ No

_____ units if blood glucose is _____ to _____ mg/dl
_____ units if blood glucose is _____ to _____ mg/dl
_____ units if blood glucose is _____ to _____ mg/dl
_____ units if blood glucose is _____ to _____ mg/dl
_____ units if blood glucose is _____ to _____ mg/dl

Can student give own injections? □ Yes □ No

Can student determine correct amount of insulin? □ Yes □ No

Can student draw correct dose of insulin? □ Yes □ No

_____ Parents are authorized to adjust the insulin dosage under the following circumstances:

For Students with Insulin Pumps:

Type of pump: _____ Basal rates: _____ 12am to _____
_____ _____ to _____
_____ _____ to _____

Type of insulin in pump: _____

Type of infusion set: _____

Insulin/carbohydrate ratio: _____ Correction factor: _____

Student Pump Abilities/Skills:	**Needs Assistance:**	
Count carbohydrates	□ Yes	□ No
Bolus correction amount for carbohydrates consumed	□ Yes	□ No
Calculate and administer corrective bolus	□ Yes	□ No
Calculate and set basal profiles	□ Yes	□ No
Calculate and set temporary basal rate	□ Yes	□ No
Disconnect pump	□ Yes	□ No
Reconnect pump at infusion set	□ Yes	□ No
Prepare reservoir and tubing	□ Yes	□ No
Insert infusion set	□ Yes	□ No
Troubleshoot alarms and malfunctions	□ Yes	□ No

For Students Taking Oral Diabetes Medications:

Type of medication: _____ Timing: _____

Other medications: _____ Timing: _____

Meals and Snacks Eaten at School:

Is student independent in carbohydrate calculations and management? □ Yes □ No

Meal/Snack	*Time*	*Food content/amount*
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____
Dinner	_____	_____

Snack before exercise? □ Yes □ No

Snack after exercise? □ Yes □ No

Other times to give snacks and content/amount: _____

Preferred snack foods: _____

Foods to avoid, if any: _____

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): _____

Exercise and Sports:

A fast-acting carbohydrate such as _____ should be available at the site of exercise or sports.

Restrictions on activity, if any: _____

Student should not exercise of blood glucose level is below _____mg/dl or above _____ mg/dl or if moderate to large urine ketones are present.

Hypoglycemia (Low Blood Sugar):
Usual symptoms of hypoglycemia: _____

Treatment of hypoglycemia: _____

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow. Route _____, dosage _____, site for glucagon injection: _____arm, _____ thigh, _____ other.

If glucagon is required, administer it promptly. Then call 911 and the parents/guardians.

Hyperglycemia (High Blood Sugar):
Usual symptoms of hyperglycemia: _____

Treatment of hyperglycemia: _____

Urine should be checked for ketones when blood glucose levels are above _____mg/dl.
Treatment for ketones: _____

Supplies to be kept at school:

_____ Blood glucose meter, blood glucose
_____ Test strips, batteries for meter
_____ Lancet device, lancets, gloves, etc.
_____ Urine ketone strips
_____ Insulin vials and syringes
_____ Insulin pump and supplies
_____ Insulin pen, pen needles, insulin cartridge
_____ Fast-acting source of glucose
_____ Carbohydrate containing snack
_____ Glucagon emergency kit

This Individual Health Care Plan has been approved by:

_____ _____
Student's Physician Date

Acknowledged and received by:

I give permission to the health clerk/diabetes care aide and other designated staff members of _____ School to perform and carry out the diabetes care tasks as outlined by _____'s Individual Health Care Plan. I also consent to the release of the information contained in this Individual Health Care Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Pursuant to the authority granted under Section 105 ILCS 5/22-30 of the Illinois School Code, I hereby authorize my son/daughter, _____, to self administer diabetes

medications at school or school-sponsored activities while under the supervision of school's health clerk/diabetes care aide.

I agree to indemnify and hold harmless the School District, its Board of Education and the Board's members, officers, employees, and volunteers from any claim, liability, loss or expense, including reasonable attorneys' fees, suffered by any of the foregoing indemnitees and arising out of a claim related directly or indirectly to my son/daughter's self-administration of diabetes medication brought by me, any other parent or guardian of my student or another student, or by or on behalf of my student or another student. I understand that the School District and the foregoing individuals are to incur no liability as a result of any injury arising from the self-administration of medication, regardless of whether authorization was given by my student's parents or guardians or by my student's physician, physician's assistant, or advanced practice registered nurse, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing indemnitees.

This form shall be effective for the current school year only, and must be renewed each subsequent school year.

_____ _____

Student's Parent/Guardian Date

_____ _____

Student's Parent/Guardian Date

Emergency Action Plan - Diabetes

Photo

Hypoglycemia
(Low Blood Sugar)

Student's Name

Grade/Teacher | Date of Plan

Emergency Contact Information:

Mother/Guardian | Father/Guardian

Home phone | Work phone | Cell | Home phone | Work phone | Cell

Health Clerk/Diabetes Care Aide | Contact Number(s)

Never send a child with suspected low blood sugar anywhere alone.

Causes of Hypoglycemia
- Too much insulin
- Missed food
- Delayed food
- Too much or too intense exercise
- Unscheduled exercise

Onset
- Sudden

Symptoms

Mild
- Hunger
- Shakiness
- Weakness
- Paleness
- Anxiety
- Irritability
- Other _____
- Dizziness
- Sweating
- Drowsiness
- Personality change
- Inability to concentrate

Circle Student's usual symptoms

Moderate
- Headache
- Behavior change
- Poor coordination
- Other _____
- Blurry vision
- Weakness
- Slurred Speech
- Confusion

Circle Student's usual symptoms

Severe
- Loss of consciousness
- Seizure
- Inability to swallow

Circle Student's usual symptoms

Actions Needed

Notify Health Clerk/Diabetes Care Aide. If possible, check blood sugar, per Individual Health Care Plan. When in doubt, always TREAT FOR HYPOGLYCEMIA.

Mild
- Student may/may not treat self.
- Provide quick-sugar source.
  3-4 glucose tablets
  or
  6 oz. regular soda
  or
  3 teaspoons of glucose gel
- Wait 10 to 15 minutes.
- Recheck blood glucose.
- Repeat food if symptoms persist or blood glucose is less than _____.
- Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).

Moderate
- Someone assists.
- Give student quick-sugar source per MILD guidelines.
- Wait 10 to 15 minutes.
- Recheck blood glucose.
- Repeat food if symptoms persist or blood glucose is less than _____.
- Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).

Severe
- Call 911.
- Contact parents/guardian.
- Stay with student.
- Don't attempt to give anything by mouth.
- Position on side, if possible.
- Contact health clerk/diabetes care aide.
- Administer glucagon, as prescribed.

Emergency Action Plan - Diabetes

Photo

Hyperglycemia
(High Blood Sugar)

Student's Name

Grade/Teacher | Date of Plan

Emergency Contact Information:

Mother/Guardian | Father/Guardian

Home phone | Work phone | Cell | Home phone | Work phone | Cell

Health Clerk/Diabetes Care Aide | Contact Number(s)

Causes of Hyperglycemia
- Too much food
- Too little insulin
- Decreased activity
- Illness
- Infection
- Stress

Onset
- Over time -- several hours or days

Symptoms

Mild
- Thirst
- Frequent urination
- Fatigue/sleepiness
- Increased hunger
- Blurred vision
- Other _____
- Weight loss
- Stomach pains
- Flushing of skin
- Lack of concentration
- Sweet, fruity breath

Circle Student's usual symptoms

Moderate
- Mild symptoms plus:
- Dry mouth
- Nausea
- Stomach cramps
- Vomiting
- Other _____

Circle Student's usual symptoms

Severe
- Mild and moderate symptoms plus:
- Labored breathing
- Very weak
- Confused
- Unconscious

Circle Student's usual symptoms

Actions Needed
- Allow free use of the bathroom.
- Encourage student to drink water or sugar-free drinks.
- Contact the health clerk/diabetes care aide to check urine or administer insulin, per student's Individual Health Care Plan.
- If student is nauseous, vomiting, or lethargic, _____ call the parents/guardian or _____ call for medical assistance if parent cannot be reached.