**Diabetes Individual Health Care Plan**

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ 504 Plan \_\_\_\_\_\_\_\_\_ IEP

Diagnosis: \_\_\_\_\_\_\_\_\_ Type I Diabetes \_\_\_\_\_\_\_\_\_ Type II Diabetes

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| STUDENT INFORMATION  |
| Student: | School Year:  | School: |
| Date of Birth: | Age: | Grade: |
| Parent/Guardian: |
| Lives with: \_\_\_\_ Both Parents \_\_\_\_Mother \_\_\_\_ Father \_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Parent/Guardian Phone: | Parent/Guardian Phone: |
| Parent/Guardian Cell: | Parent/Guardian Cell: |
| Other Contact: |  |
| Physician: | Phone: |
| Physician: | Phone: |
| School Nurse: | Phone: |
| BLOOD GLUCOSE TESTING |
|  \_\_\_\_\_\_ Student is independent \_\_\_\_\_\_ Student needs assistance |
| Times to test:\_\_\_\_\_\_ in AM ( ) \_\_\_\_\_\_ before PE ( ) \_\_\_\_\_\_ before lunch ( ) \_\_\_\_\_\_ afternoon ( ) \_\_\_\_\_\_ as needed \_\_\_\_\_\_ other Call parent if glucose is below \_\_\_\_\_\_\_\_\_\_\_\_ mg/dl  Or above \_\_\_\_\_\_\_\_\_\_\_\_ mg/dl ***\*\*Always test if showing signs/symptoms of low or high glucose\*\**** |
| INSULIN DELIVERY |
| Insulin needed during school hours? \_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_ no |
| Type of insulin: |
| Method of Delivery if needed at school: \_\_\_\_\_\_\_\_ Syringe \_\_\_\_\_\_\_\_ Insulin pen \_\_\_\_\_\_\_\_ Insulin pump |
| Person to administer insulin: \_\_\_\_\_\_\_\_\_student \_\_\_\_\_\_\_\_\_ nurse \_\_\_\_\_\_\_\_\_ staff \_\_\_\_\_\_\_\_\_ other ( )Staff (specify):  |
| Location of medication: \_\_\_\_\_\_\_ nurse office \_\_\_\_\_\_\_\_ with teacher \_\_\_\_\_\_\_\_ with student \_\_\_\_\_\_\_\_ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify)**\*\*\* A completed Medication Authorization Form must be signed by both parent and physician and on file before any medication can be given or carried at school.** |

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| Blood Glucose Correction Dose (bolus):\_\_\_\_\_\_\_\_\_\_\_\_ unit(s) of insulin per \_\_\_\_\_\_\_\_\_\_\_mg/dl over \_\_\_\_\_\_\_\_\_\_\_\_\_ mg/dl

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| **Blood Glucose Level (mg/dl)** | **Units of Insulin** |
| Less than 100 |  |
| 101-150 |  |
| 151-200 |  |
| 201-250 |  |
| 251-300 |  |
| 301-350 |  |
| 351-400 |  |
| 401-450 |  |
| 451 and above |  |

 | Meal Bolus: Insulin-CHO ratio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_unit(s) of insulin for every \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grams of carbohydrate (CHO)

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| **CHO eaten (or to be eaten)** | **Units of Insulin** |
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| **\*\* NOTE: If using insulin pump, enter blood glucose level and CHO eaten or to be eaten. The pump will calculate the prescribed amount if insulin.** |

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| SNACK |
| Are snacks needed during school? \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ Yes If yes what time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| CALL PARENT FOR PERMISSION TO ALLOW STUDENT TO EAT CLASSROOM TREATS (e.g., birthday/holiday treats) |

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| EXERCISE AND SPORTS |
| Is a snack needed before PE? \_\_\_\_\_\_\_\_\_No \_\_\_\_\_\_\_\_\_ Yes |
| Student should not exercise if blood glucose is below \_\_\_\_\_\_\_\_\_\_\_ mg/dl or above \_\_\_\_\_\_\_\_\_\_ mg/dl |

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| ALL SCHOOL-SPONSORED ACTIVITES (e.g., field trips, extra curricular activities. etc.) |
| Notify family of activities in order to preplan by: \_\_\_\_\_\_\_\_\_ 1wk \_\_\_\_\_\_\_\_\_ 2wks \_\_\_\_\_\_\_\_\_ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The following supplies should be available to student during school-sponsored activities:☐ A copy of the Student’s Diabetes Health Plan and ☐ Injection/insulin pump supplies with appropriate  section 504 plan. storage.☐ Glucometer and test strips ☐ Bag lunch or snacks (optional)☐ Fast-acting carbohydrate source ☐ Glucagon Kit (e.g., fruit juice, glucose gel or tablets) ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| LOW BLOOD GLUCOSE (HYPOGLYCEMIA) |
| **Emergency situations may occur with low blood sugar!!**Symptoms: MILD shaky, feels low, feels hungry, confused, blurred vision, lack of concentration, sweatyMODERATE mood/behavior change, anxious, inattentive, poor coordinationSEVERE extreme confusion, unable to swallow, unconsciousness, seizures **(see Glucagon)**   Student needs treatment when blood glucose is below \_\_\_\_\_\_\_\_\_ mg/dl or if symptomatic  If treated outside classroom, a person MUST accompany student to nurse’s office.  If glucose is below \_\_\_\_\_\_\_\_\_\_ mg/dl give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  After 15 minutes recheck blood sugar  Repeat until blood glucose is above \_\_\_\_\_\_\_\_\_\_ mg/dl |
| GLUCAGON: Student has glucagon at school (signed authorization must be submitted): NO \_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_ **\*\*Glucagon protocol to be followed\*\*** **\*\*Only trained staff can administer. Given when student is unconscious, unresponsive or having a seizure\*\*****Trained Staff:** **(Glucagon)** |

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| HIGH BLOOD GLUCOSE (HYPERGLYCEMIA) |
| Symptoms:MILD extreme thirst, tiredness, blurred vision, flushed skinMODERATE nausea/vomiting, stomach painSEVERE labored breathing, weakness, confusion, unconsciousness  Student needs treatment when blood glucose is over \_\_\_\_\_\_\_\_\_\_\_ mg/dl If blood glucose is over \_\_\_\_\_\_\_\_\_\_ mg/dl contact parent  Encourage student to water or sugar-free drinks  If vomiting call parents immediately!  Ketones should be checked (equipment provided by parent)**If ketones are:** **Trace/Small** **Moderate/Large** Allow bathroom access Allow bathroom access Encourage water/sugar-free fluids Encourage water/sugar-free fluids Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Call parents Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| DIABETES SUPPLIES TO BE KEPT AT SCHOOL |
| ☐ Glucometer, glucose test strips, batteries ☐ Fast-acting source of glucose☐ Lancets ☐ Carbohydrate snack☐ Insulin pump supplies ☐ Glucagon emergency kit☐ Insulin vials and syringes ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ Insulin pen, pen needles ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DIABETES ORAL MEDICATION |
| Name of medication, dose and schedule (list): ☐ not applicable1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| MONITORING |
| Target blood glucose range: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mg/dlCan student perform own glucose test? \_\_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES Exceptions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Glucose monitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (maintained by parents)Other Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| IMPORTANT INFORMATION |
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| STAFF TRAINED TO TREAT |
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| EXPECTED OUTCOMES |
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As a parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I give my permission to the school nurse and other trained designated staff to perform and carry out the diabetes tasks as outlined in this Diabetes Individual Health Plan (IHP). I understand that the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the school nurse whenever there is any change in the student’s health status or care. Parent/Guardian are responsible for the maintaining of necessary supplies, blood glucose monitor, medications and equipment.

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_