

Diabetes Care Plan for _____ School _____ Effective Dates: _____

To be completed by parents/health care team and reviewed with necessary school staff. Copies should be kept in student's classrooms and school records.

Date of Birth: _____ Grade: _____ Homeroom Teacher: _____

Contact Information:

Parent/guardian #1: _____ Address: _____
Telephone - Home: _____ Work: _____ Cell Phone: _____

Parent/guardian #2: _____ Address: _____
Telephone - Home: _____ Work: _____ Cell Phone: _____

Student's Doctor/Health Care Provider: _____ Telephone: _____
Nurse Educator: _____ Telephone: _____

Other emergency contact: _____ Relationship: _____
Telephone - Home: _____ Work: _____ Cell Phone: _____

Notify parent/guardian in the following situations: _____

Blood Glucose Monitoring

Target range for blood glucose: _____ mg/dl to _____ mg/dl Type of blood glucose meter student uses: _____

Usual times to test blood glucose: _____

Times to do extra tests (check all that apply):
_____ Before exercise _____ When student exhibits symptoms of hyperglycemia
_____ After exercise _____ When student exhibits symptoms of hypoglycemia
_____ Other (explain): _____

Can student perform own blood glucose tests? Yes No Exceptions: _____

School personnel trained to monitor blood glucose level and dates of training: _____

Insulin

Times, types, and dosages of insulin injections to be given during school:

Table with 3 columns: Time, Type(s), Dosage

School personnel trained to assist with insulin injection and dates of training: _____

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

For Students with Insulin Pumps:

Type of pump: _____

Insulin/carbohydrate ratio: _____

Correction factor: _____

Is student competent regarding pump? Yes No

Can student effectively troubleshoot problems (e.g., ketosis, pump malfunction)? Yes No

Comments: _____

Meals and Snacks Eaten at School (The carbohydrate content of the food is important in maintaining a stable blood glucose level.)

Table with 2 columns: Time, Food content/amount

Other times to give snacks and content/amount: _____

A source of glucose, such as _____, should be readily available at all times.

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: _____

Hypoglycemia (Low Blood Sugar)

Usual symptoms of hypoglycemia: _____

Treatment of hypoglycemia: _____

School personnel trained to administer glucagon and dates of training: _____

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow. If required, glucagon should be administered promptly and then 911 (or other emergency assistance) and parents should be called.

Hyperglycemia (High Blood Sugar)

Usual symptoms of hyperglycemia: _____

Treatment of hyperglycemia: _____

Circumstances when urine or blood ketones should be tested: _____

Treatment for ketones: _____

Exercise and Sports

A snack such as _____ should be readily available at the site of exercise or sports.

Restrictions on activity, if any: _____

Student should not exercise if blood glucose is below _____ mg/dl.

Supplies and Personnel

Location of supplies: Blood glucose monitoring equipment: _____ Insulin administration supplies: _____

Glucagon emergency kit: _____ Ketone testing supplies: _____

Snack foods: _____

Personnel trained in the symptoms and treatment of low and high blood sugar and dates of training: _____

Signatures

Reviewed by: _____ Acknowledged/received by: _____ Acknowledged/received by: _____