

INDIVIDUALIZED HEALTHCARE PLAN – DIABETES WITH INJECTION HEALTH FORM 104 A (10/2016)
 HEALTHCARE PROVIDER ORDERS

EFFECTIVE DATE:	End Date:
STUDENT'S NAME:	Date of Birth:

DIABETES HEALTHCARE PROVIDER INFORMATION Name: _____
 Phone #: _____ Fax #: _____ Email: _____

SCHOOL: _____ School Fax: _____

Monitor Blood Glucose – test ...
 If student has symptoms of high or, **without moving student**, low blood glucose

<input type="checkbox"/> Before breakfast	<input type="checkbox"/> After lunch	<input type="checkbox"/> Before exercise/PE
<input type="checkbox"/> Before mid-morning snack	<input type="checkbox"/> Before afternoon snack	<input type="checkbox"/> After exercise/PE
<input type="checkbox"/> Before lunch	<input type="checkbox"/> Before leaving school	<input type="checkbox"/> Other: _____

Where to test: Classroom Health office Other: _____
 Without moving student if has low blood glucose symptoms

Routine Daily Insulin Injection:
 Insulin Delivery: Syringe/vial Pen
 Type: rapid acting (Humalog / NovoLog / Apidra) regular or other: _____
 Calculate insulin dose for carbohydrate intake:
 Give _____ unit(s) of rapid-acting insulin for _____ grams of carbohydrate.
 Give at: breakfast AM snack
 lunch PM snack parties.

OR
 Standard daily insulin injection:

Type	Dose	Time

Correction insulin dose for high blood glucose:
 Time to be given: Before lunch Other: _____
Do not give insulin correction dose more than once every 2 to 3 hours.
 Use correction scale

Blood glucose range	Insulin units

Use Formula to calculate correction dose
 (Blood glucose- _____ ÷ _____) = _____ units of insulin.
 Carbohydrate coverage and pre-meal correction doses may be combined.
 If BG <70 before a meal treat with carbohydrate per algorithm.

Check ketones if nausea, vomiting or abdominal pain OR if blood glucose >300 twice when tested 2 hours apart.

- Give _____ of rapid-acting insulin for moderate ketones, or _____ for large.
- Repeat ketone test in 2 hours, and repeat additional insulin as above if moderate or large ketones are still present.

Exercise and Sports Student should monitor blood glucose hourly.

Parent/Guardian Authority to Adjust Insulin Dose
 Dose adjustment allowed up to 20% higher or lower Yes No

Other Health Concerns and Medications

Other health concerns: _____ Allergies: _____

Glucagon Dose: _____ IM or SC per thigh or arm
 Oral diabetes medication(s)/dose: _____ Times to be given: _____
 Other medication(s)/dose: _____ Times to be given: _____

HCP Assessment of Student's Diabetes Management Skills:				Note
Skill	Independent	Needs supervision	Cannot do	
Check blood glucose				
Count carbohydrates				
Calculate insulin dose				
Injection				

HEALTHCARE PROVIDER SIGNATURE/STAMP: _____ Date: _____

UPDATED Change _____ Date _____ Initials _____

INDIVIDUALIZED HEALTHCARE PLAN – DIABETES WITH PUMP
HEALTHCARE PROVIDER ORDERS

HEALTH FORM 105 A (10/2016)

EFFECTIVE DATE: _____ End Date: _____

STUDENT'S NAME: _____ Date of Birth: _____

DIABETES HEALTHCARE PROVIDER INFORMATION Name: _____
Phone #: _____ Fax #: _____ Email: _____

SCHOOL: _____ School Fax: _____

Monitor Blood Glucose – test ...
 If student has symptoms of high or low blood glucose
 Before breakfast After lunch Before exercise/PE
 Before mid-morning snack Before afternoon snack After exercise/PE
 Before lunch Before leaving school Other: _____
 All test results should be entered into pump to determine need for bolus correction.
 Where to test: Classroom Health office Other: _____
 Without moving student if has low blood glucose symptoms

Insulin Pump Information Humalog or NovoLog or Apidra by pump
 Basal rates during school: _____
 Place pump on suspend when blood glucose is less than _____ mg/dl and re-activate it when blood glucose is at least _____ mg/dl.
Pump settings should not be changed by school staff.

Carbohydrate Bolus

Give 1 unit of insulin per
_____ gm carbohydrate at breakfast
_____ gm carbohydrate at AM snack
_____ gm carbohydrate at lunch
_____ gm carbohydrate at PM snack

Bolus should occur: before eating, or
 other: _____

Correction Bolus for Hyperglycemia
 Time to be given: Before lunch Other: _____
Do not give correction dose of insulin more than once every 2 to 3hrs
 • Give _____ units of insulin for each _____ mg/dl of blood glucose with a target blood glucose of _____ mg/dl.
 • **Check ketones** if nausea, vomiting or abdominal pain OR if blood glucose >300 twice when tested 2 hours apart.
 • **Via syringe**, give _____ rapid-acting insulin for moderate ketones, or _____ for large. Repeat blood glucose test in 2 hours, and repeat additional insulin as above if moderate or large ketones are still present.
 If BG <70 before a meal treat with carbohydrate per algorithm.

If infusion set comes out or needs to be changed: Change set at school Insulin via syringe every 3 hours

Exercise and Sports with Pump
 Temporary Basal Decrease: No Yes (_____ % or _____ units for _____ minutes or duration of exercise)
 Student should monitor blood glucose hourly.

HCP Assessment of Student's Diabetes Management Skills:

Skill	Independent	Needs supervision	Cannot do
Check blood glucose			
Count carbohydrates			
Calculate insulin dose			
Change infusion set			
Injection			
Trouble shoot alarms, malfunctions			

Notes: _____

Note

Parent/Guardian Authority to Adjust Insulin Dose
 Dose adjustment allowed up to 20% higher or lower Yes No

Other health concerns: _____ Allergies: _____
 Glucagon Dose: _____ IM or SC per thigh or arm
 Oral diabetes medication(s)/dose: _____ Times to be given: _____
 Other medication(s)/dose: _____ Times to be given: _____

HEALTHCARE PROVIDER SIGNATURE/STAMP: _____ Date: _____

UPDATED Change _____ Date _____ Initials _____

STUDENTS WITH DIABETES TREATED BY PUMP

STUDENT'S NAME: _____

- Student's usual LOW blood glucose symptoms:**
- _ Shaky or jittery
 - _ Sweaty
 - _ Hungry
 - _ Pale
 - _ Headache
 - _ Blurry vision
 - _ Sleepy
 - _ Dizzy
 - _ Uncoordinated
 - _ Irritable, nervous
 - _ Argumentative
 - _ Combative
 - _ Changed personality
 - _ Changed behavior
 - _ Unable to concentrate
 - _ Weak, lethargic

- Student's usual HIGH blood glucose symptoms:**
- | | |
|-----------------------------------|--|
| <i>Hyperglycemia</i> | <i>Emergency levels</i> |
| _ Increased thirst, dry mouth | _ Extreme thirst |
| _ Frequent or increased urination | _ Nausea, vomiting |
| _ Change in appetite, nausea | _ Severe abdominal pain |
| _ Blurry vision | _ Fruity breath |
| _ Fatigue | _ Heavy breathing, shortness of breath |
| _ Other | _ Increasing sleepiness, lethargy |

ALGORITHMS FOR BLOOD GLUCOSE RESULTS

CHECK BLOOD GLUCOSE

BELOW 70

70 - 90

91-125

126-300

ABOVE 300

1. Give 15 gm fast-acting carbohydrate without insulin coverage.
2. Observe for 15 minutes then retest blood glucose.
 - a. If less than 70, repeat 15 gm carbohydrate and retest in 15 min.
 - b. If over 70 and not eating a meal within an hour, give carbohydrate and protein snack without insulin coverage.
3. Notify school nurse and parent if no improvement
4. Student should not exercise.

1. If prior to exercise or immediately following strenuous activity and **NO** meal/snack is planned within 30 minutes, give 15 gm carbohydrate and protein snack.
2. If **NOT** exercise-related and student is *symptomatic*, observe and recheck in 15 minutes.
3. If **NOT** exercise-related and is **NOT** symptomatic, return to class.

Student may eat before exercising or recess.

No action needed.

- STUDENT TREATED BY PUMP**
1. If 2-3 hours since last bolus, treat with correction bolus via pump. Re-check in 2- 3 hrs. Trouble shoot pump function.
 - Check for redness at site, tubing for kinks or air bubble, insulin supply
 2. If blood glucose still ≥ 300 mg/dl and not explained, check ketones:
 - a. If ketones are absent or small, encourage exercise and water
 - b. If ketones moderate or large:
 - Give insulin correction dose per orders **via syringe**.
 - No exercise; encourage water
 3. Change infusion set or continue insulin injections every 2-3 hours via syringe.
 4. Notify school nurse and parent
 - 5. Provide free, unrestricted access to water and the restroom.**

- STUDENT TREATED BY INJECTION**
1. Use correction scale or formula at lunch or every 2-3 hours
 2. Check ketones if symptoms or if blood glucose >300 twice in a row:
 - a. If ketones are absent or small, encourage exercise and water
 - b. If ketones moderate or large:
 - No exercise; give water
 - Add units of insulin per orders
 3. Notify school nurse and parent
 - 4. Provide free, unrestricted access to water and the restroom.**

- CALL 911 if student becomes unconscious, has seizures, or is unable to swallow**
- o Turn student on side to ensure open airway
 - o Give glucagon as ordered. Keep student in recovery position on side.
 - o If on insulin pump, either place it in 'suspend' or stop mode, disconnect it at the pigtail or clip, or cut tubing. If pump was removed, send it with EMS to the hospital.
 - o Notify school nurse, parent and HCP
 - o Wait 15 minutes; if no response, repeat glucagon.
 - o If responsive, offer juice. Wait 15 minutes and give protein & carbohydrate snack.

- 15 GM FAST-ACTING CARBOHYDRATE =**
- ½ c. juice
 - 3-4 glucose tablets
 - Tube of glucose gel
 - ½ c. regular (not diet) soda
 - 6-7 small sugar candies (to chew)
 - 1 c. skim milk
- Do not give chocolate**

EXERCISE AND SPORTS

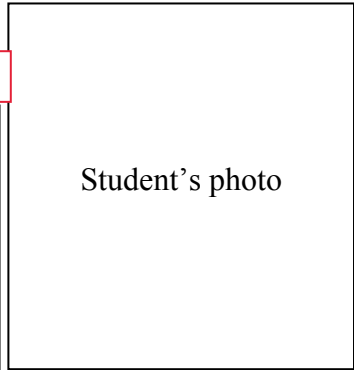
- ✓ Assure has quick access to water for hydration, fast-acting carbohydrates, snacks and monitoring equipment.
- ✓ Student should not exercise if blood glucose level is below 70 mg/dl or if has moderate to large ketones.

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

INDIVIDUALIZED HEALTHCARE PLAN - DIABETES

SCHOOL AND PARENT PART

HEALTH FORM 104-105 B (10/2016)



STUDENT'S NAME:

Diabetes information Date of Diagnosis:

- Diabetes Type 1 Diabetes Type 2 Other

PLAN

EFFECTIVE DATE:

Student's photo

SCHOOL INFORMATION

Grade: Teacher:

504 plan on file:

- Yes No

CONTACT INFORMATION:

Parent/Guardian 1:

Name

Call first

Phone numbers:

Home

Work

Cell

Other

Parent/Guardian 2:

Name

Call first

Phone numbers:

Home

Work

Cell

Other

Other/emergency:

Name:

Relationship:

Phone numbers:

Home

Work

Cell

Other

Additional Times to Contact Parent...

Student treated by **injection**

- Blood Glucose test out of target range
 Routine Daily Insulin injections
 Correction dose

Student treated by **pump**:

- Blood Glucose test out of target range
 Carbohydrate bolus
 Correction bolus
 Infusion set comes out/needs to be replaced

STUDENT DIABETES SELF-MANAGEMENT PLAN

Student will manage diabetes independently

- Student has signed Agreement for Student Independently Managing Diabetes**

Trained staff will supervise student self-care

- Verify blood glucose test
 Check carbohydrate count
 Confirm dose
 Supervise insulin self-injection
 Monitor bolus administration
 Trouble shoot pump alarms, malfunction
 Watch infusion set change

Trained staff will provide care

- Test blood glucose
 Count carbohydrates
 Calculate insulin dose and inject as above
 Provide insulin injection
 Administer bolus
 Trouble shoot pump alarms, malfunction
 Change infusion set

FOOD PLAN

Time

Notes

Monitor/Remind Student

Yes No

Breakfast

Morning snack

Lunch

Afternoon snack

Extra snack Before exercise

After exercise

Food at a classroom/school party:

- Student will eat treat
 Replace the treat with a parent-supplied alternative
 Put in baggie to take home with teacher note
 Student should not eat treat
 Modify the treat as follows:

BUS TRANSPORTATION PLAN

Bus transportation: To school Home

- Test blood 10-20 minutes before boarding school bus home. **Student must have blood glucose > 70 mg/dl to board bus**; if ≤ 70 , provide care based on algorithm and call to have student picked up.
 Blood test not required.

- Student may test blood glucose and self-manage diabetes while on the bus.

FIELD TRIPS

- School nurse to be notified two weeks before the field trip to assure qualified personnel are available.**
 All diabetes supplies are taken and care is provided according to this Plan (copy to accompany trip).
 Lunch and snack times should not change.

SCHEDULED AFTER- OR BEFORE-SCHOOL ACTIVITIES

anticipates:

List of clubs, sports, etc. that student

If parent wants trained staff coverage for an activity, parent will notify school nurse two weeks before it begins

AGREEMENT FOR STUDENTS INDEPENDENTLY MANAGING THEIR DIABETES

Student: _____ Grade: _____

Student

- I agree to dispose of any sharps either by keeping them in my kit and taking them home, or placing them in the sharps container provided at school.
- If so indicated in my Individualized Healthcare Plan, I will notify the health office if my blood sugar is below _____ mg/dl or above _____ mg/dl.
- I will not allow any other person to use my diabetes supplies.
- I plan to keep my diabetes supplies:
- With me
 - In the school health office
 - In an accessible and secure location (_____)
- I will seek help in managing my diabetes from _____ if I need it.
- I understand that the freedom to manage my diabetes independently is a privilege and I agree to abide by this contract.

Student's signature: _____ Date: _____

Parent/Guardian

- I agree that my child can self-manage his/her diabetes and can recognize when he/she needs to seek help from a staff member.
- I authorize my child to carry and self-administer diabetes medications and management supplies and I agree to release the school district and school personnel from all claims of liability if my child suffers any adverse reactions from self-management or storage of diabetes medications and blood glucose management products.
- I will provide back-up supplies to the health office for emergencies.
- I understand that this contract is in effect for the current school year unless revoked by my son/daughter's physician or my son/daughter fails to meet the above safety guidelines.

Parent's signature: _____ Date: _____

School nurse

- I will assure that school staff members that have the need to know about the student's condition and the need to carry their diabetes supplies with them have been notified.

School Nurse's signature: _____ Date: _____

Based on a form posted on the Colorado Kids with Diabetes website (<http://www.coloradokidswithdiabetes.org/index.php/Nurse-Files.html>)

ALASKA INDIVIDUALIZED HEALTHCARE PLAN – DIABETES WITH INJECTION OR WITH PUMP

Instructions

Purposes:

This healthcare plan is for all students with diabetes that monitor blood glucose at school and/or are on insulin or other hypoglycemic medication and/or have a glucagon prescription.

1. Healthcare providers should use it to prescribe a particular treatment regimen including medication(s) for school (HEALTHCARE PROVIDER ORDERS pages)
 - a. It documents the ability level of the student to self-manage their diabetes.
 - b. It provides the medical parameters for management of an individual student's diabetes in the school setting.
2. It describes the standard of care for school staff to follow based on blood glucose test results and is the *Emergency Care Plan* for students with diabetes. (ALGORITHMS FOR BLOOD GLUCOSE RESULTS page) NOTE: The standard of care represents the care to follow in most cases; any individualization of clinical care for the student will be reflected in the HEALTHCARE PROVIDER ORDERS.
3. School nurses and parents should use it to plan and implement individualized health interventions in the school setting, based on the Healthcare Provider Orders page. (SCHOOL AND PARENT PART pages)
 - a. To support quality assurance of school health services.
 - b. To document parental wishes for diabetes management-related contact by school staff.
 - c. To document diabetes supplies needed at school, their locations and parental responsibility for maintaining certain supplies at school.
 - d. To facilitate a safe process for the delegation of diabetes-management tasks to trained unlicensed school staff, as needed.

While current, this form should be kept in the school health office or with the staff member who is assisting with the health management of the student.

Process:

1. Healthcare provider completes either the WITH INJECTION or the WITH PUMP page of the form to describe anticipated medications/treatment needs for the entire school year, and sends it to the school nurse (if known) and/or the student's parent to bring into the school.
 - a. If medications and/or treatment change during the school year, a new form should be completed. Fax only the page with new orders to the school.
 - b. Most categories are self-explanatory. On either form, check all boxes that apply and add information as appropriate.

DIABETES WITH INJECTION notes:

- In the *Routine Daily Insulin Injection* box, there are three options for Type. NPH and Lantis are examples of "other." The relevant doses/times for these injections would be listed in the "Standard daily insulin injection" table.
- Instructions in the *Correction insulin dose for high blood glucose* box are for a routine day as correction dosing is generally given at mealtime, which means that:
 - Action directed by the algorithm page supersedes "before lunch only" when it is checked because it is based on the student's symptoms and blood glucose levels.

- The “Do not give insulin correction dosing more often than every 2 to 3 hours” statement applies to symptomatic treatment based on blood glucose levels in most instances.
 - In the *Parent/Guardian Authority to Adjust Insulin Dose* box, parental authority to adjust the dose up to 20% higher or lower allows the parent to recommend dose adjustments to the nurse which the nurse could follow without contacting the health care provider **if the dose is within 20% of the range ordered by the provider**. If the dose recommended by the parent falls outside of the range, either higher or lower, the nurse would need to contact the health care provider to verify the dose.
- c. Healthcare provider signs and dates the WITH INJECTION or WITH PUMP page and faxes or sends the orders to the school.
2. While meeting with the school nurse, the parent uses the boxes at the top of the ALGORITHMS page to indicate which of the symptoms of low and high blood sugar generally occur for their child.
 3. Together, the school nurse, parent and the student, if student is self-managing his/her diabetes, complete the SCHOOL AND PARENT PART of the form.
 - a. Most categories are self-explanatory. Check all boxes that apply and add information as appropriate.
 - In the *Student Diabetes Self-Management Plan* box:
 - The repeated skills list (from the healthcare provider section) allows parent input and school nurse assessment of the student skill level and the level of supervision or assistance needed. If the student skill level increases during the school year, this section allows the school nurse and parent to adjust the self-management plan accordingly.
 - “Trained staff” (right-side column) in this instance includes the school nurse.
 - For “Change infusion set” under “Trained staff will provide care”, the school nurse is typically **the only** trained staff changing the infusion set for a student on a pump. Add this comment when needed.
 - The SUPPLY LIST is intended to promote best practice. Generally, it should be interpreted by the nurse and the parent as a guide.
 - If the parent is unable to provide urine ketone test strips, contact the American Diabetes Association (907 272-1424). They will send some.
 - b. Parents and School Nurse sign and date the SCHOOL AND PARENT PART. If student will be self-managing, student signs the STUDENT SELF-MANAGEMENT AGREEMENT.
 - c. Update as needed and/or on a yearly basis.
 4. File the entire document with student’s health record at the end of the year or upon student withdrawal.