

Penn Manor School District Diabetes Care Plan

For School Year:

Grade:

School:

Student's Name:

DOB:

Year of Diabetes Diagnosis:

Allergies:

Contact Information

- Verify Contact Preferences (home, cell, and email)

Student's Doctor/Health Care Provider/Office:

Phone:

Fax:

Notify parents if blood sugar < ____ or >_____ (Email or Phone)

- Permission to share information with bus driver and transportation coordinator
- Medical Alert Poster
- Release of Information Form Completed
- Parents are authorized to adjust the insulin dosage or carbohydrate ratio per the doctor.

Supplies to be Kept at School

- Blood glucose meter, blood glucose test strips, batteries for meter
- Lancet device, lancets, gloves, alcohol swabs etc.
- Urine ketone strips
- Insulin pump and supplies (batteries, reservoirs, infusion sets)
- Insulin pen, pen needles, insulin cartridges, syringes
- Fast-acting source of glucose
- Carbohydrate containing snack
- Glucagon emergency kit
- Notify parents by phone or email when down to ____ days of supplies
- Student will carry monitor and insulin back and forth to school

Communication home re: values

- Log kept in Nurse's Office and emailed at the end of the week or month
- Notebook/Paper that goes home with student each day
- Google Doc
- Sapphire printout

Blood Glucose Monitoring

Scheduled times to check blood glucose (fingerstick):

- Student can perform own blood glucose checks
- Nurse needs to read monitor to verify
- Student has Continuous Glucose Monitor (type):
- Times to do extra blood glucose checks (*check all that apply*)
 - Before exercise
 - After exercise
 - When student exhibits symptoms of hyperglycemia
 - When student exhibits symptoms of hypoglycemia
 - End of Day
 - Other (explain):

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Insulin

Usual Lunchtime Dose

See Orders for insulin and insulin dosing

- Student can give own injections
- Student can determine correct amount of insulin
- Student can prepare correct dose of insulin

For Students with Insulin Pumps

Student Pump Abilities/Skills (check if student able to do independently)

Type of Pump:

- Count carbohydrates
- Bolus correct amount for carbohydrates consumed
- Calculate and administer corrective bolus
- Calculate and set temporary basal rate
- Disconnect pump
- Reconnect pump at infusion set
- Prepare reservoir and tubing
- Insert infusion set
- Troubleshoot alarms and malfunctions

See Orders for Pump Troubleshooting/Possible Pump Failure. Notify parents/guardian.

- For infusion site failure: Insert new infusion set and/or replace reservoir.
- For suspected pump failure: suspend or remove pump and give insulin by syringe or pen.
- May disconnect from pump for sports activities.

Meals and Snacks Eaten at School (check all that apply)

- Snack to be kept in Nurse's Office and Extra in Backpack for Bus
- Snack before exercise
- Snack after exercise
- Parents to provide snack carb count - Reference to look up carb amount:
- Correction to be given with snacks (use lunch ratio)
 - Snack Insulin:Carbohydrate Coverage (if different than lunch)
- Foods to avoid, if any:
- Instructions for when food is provided to the class (e.g., as part of a class party/food sampling event/FCS):
- Other:

Exercise and Sports

See Orders for Exercise Instructions

- Restrictions on activity:
- A quick-acting source of glucose must be available at the site of physical education activities and sports.

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Hypoglycemia (Low Blood Sugar) (check all that apply):

See Orders for Treatment for Hypoglycemia

Student's usual symptoms of hypoglycemia:

- Notify parent/guardian for blood glucose < _____
- Notify parent/guardian if student does not respond to treatment
- Notify parent/guardian if has an episode at the end of the day
- Notify parent/guardian for all hypoglycemic episodes
- Other:

Hyperglycemia (High Blood Sugar) (check all that apply):

See Orders for Treatment for Hyperglycemia

Student's usual symptoms of hyperglycemia:

- Notify parent/guardian for blood glucose > _____
- Notify parent/guardian if student does not respond to treatment
- Notify parent/guardian if has an episode at the end of the day
- Notify parents/guardian for all hyperglycemic episodes and/or if ketones are present.
- Other:

Signatures:

Parent/Guardian

Name _____ Signature _____ Date _____

Signing verifies that you, the parent/guardian, give permission for the school staff to carry out the administration of the above prescribed plan in your absence, acknowledges that the school is not responsible for ensuring the medication is taken or the monitoring equipment is used, and relieves the Board and its employees of responsibility for the benefits or consequences of such medication and its administration. I give permission to the doctor, school nurse, and other health care providers to share information about my child's Diabetes diagnosis to help improve the health of my child.

School Nurse

The student has demonstrated that he/she is capable of self-administration of the medication and use of the monitoring equipment, including the necessity of informing an adult with no improvement after treatment. Student has received instruction from the student's licensed physician, CRNP, or PA, on proper safety precautions for the handling and disposal of the medications and monitoring equipment, including acknowledgement that the student will not allow other students to have access to the medication and monitoring equipment and that he/she understands appropriate safeguards.

CSN Name _____ CSN Signature _____ Date _____

Student Name _____ Student Signature _____ Date _____

Nurse's Office Direct Fax Number: 1-888-510-8011