

Diabetes Individual Health Care Plan

Name _____ Grade _____ School Year _____

Address _____

Car Rider _____ Bus Rider _____ School Nurse Phone Number _____

Emergency Contact Mother _____ Father _____

Other Contacts _____

Diabetes Physician and Phone Number _____

Date of last appointment: _____ frequency of visits _____ current copy of plan _____

ALLERGIES _____

SCHOOL SCHEDULE

Blood Sugar Monitoring Times: As needed for symptoms _____ Before lunch _____ Before bus ride _____
Before standardized tests _____ Other _____

Location where routine diabetic care will be given _____

Location of diabetic supplies _____

Notify school nurse if blood sugar is below _____ or above _____

Meals/Snacks at school: AM Snack/time/carbs _____ Lunch/time/carbs _____
PM Snack/time/carbs _____ Other _____

Needs assistance with: monitoring _____ counting carbs _____ giving insulin _____ everyday decision making _____

Meter used: _____ CGM used: _____ Pump used _____

Parent will bring in the following supplies for testing blood sugar and keep them stocked:

Blood glucose meter _____ Testing Strips _____ Alcohol pads _____ Lancets _____

Other _____

Name of Insulin _____ Lunch Ratio/Dose _____

Delivery Method: Vial/Syringe _____ Pen _____ Pump _____

Exercise Plan: PE days/times _____ Recess days/times _____

Extra Carbs for PE days: No _____ Yes _____ Amount _____

Disconnect pump for PE Class No _____ Yes _____ classroom / clinic (circle)

Disconnect pump for Recess No _____ Yes _____ classroom / clinic (circle)

Student Knows Signs of Hypoglycemia/Hyperglycemia: Yes _____ No _____

Student Knows Treatment: Yes _____ No _____

Pump information (If applicable)

1. All pump site changes will be made at home, or parent will be notified to come in and change when necessary.
2. All pump dosage changes will be made at home and will follow the current medication plan from the physician.

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Low Blood Sugar (Hypoglycemia)

Blood sugar may become too low. May occur just before lunch, after strenuous activity, if meal/snack is delayed, or if not enough food (carbohydrate) is eaten. Common signs/symptoms of low blood sugar:

Hunger	Irritability	Weakness	Headache	Shakiness	Sweaty
Drowsiness	Paleness	Behavior Changes	Poor Coordination	Confusion	Poor Concentration

Specific signs/symptoms for this student: _____

If blood sugar is below ____mg/dl, give 15 grams of fast acting carbohydrates.

If blood sugar is below ____mg/dl, give 30 grams of fast acting carbohydrates.

Wait 15 minutes and retest again, if still below ____mg/dl, repeat the treatment.

If blood sugar drops to a severe low and the student becomes unconscious or has a seizure:

1. Do not leave student unattended or attempt to give anything by mouth
2. Administer glucagon emergency injection (if available) by trained individual
3. Position student on their side and **CALL 911** **call the parent** **call the school nurse**

Parent will supply and keep stocked at school, the following foods for their child:

Fast acting carbohydrate foods _____ Fast acting carbohydrate drinks _____ Sugar glucose tabs _____

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High Blood Sugar (Hyperglycemia)

Blood sugar may become too high. Causes may be: too little insulin, too much food, decreased activity, illness/infection, and or stress.

Blood sugar above _____mg/dl. Common signs/ symptoms of high blood sugar may include:

Thirsty	Nausea	Vomiting	Blurry Vision	Fruity Breath	Confusion
Hunger	Stomach Pains	Dry Mouth	Fatigue	Frequent Urination	Unconscious

Specific signs /symptoms for this student: _____

If blood sugar is over _____mg/dl, check for ketones in urine.

If urine ketone reading is negative, trace or small (or blood ketones below 1.0) and student is able to return to class, have him/her drink water or carbohydrate-free fluids and use the bathroom as needed.

If urine ketone reading is moderate or large (or blood ketones above 1.0), notify the school nurse and parent. Give at least 8 oz sugar free liquids every hour and allow to use bathroom as needed.

Parent will supply the school and keep stocked the following for their child:

Sugar free liquids _____ Urine ketone testing kit _____ Other _____

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Field trip information

1. Teacher will notify parent and school office of all field trips outside of the building. Parent will be given the opportunity to accompany student on all trips, if desired.
2. Trained staff are not always available to accompany classes on field trips. If no staff is available, parent is required to go on trip with class or make other arrangements.
3. Extra snacks, blood glucose monitor, supplies, glucagon (if available), and copy of this health plan must accompany the student on each trip.
4. Other adults on the field trip will be notified about your child's condition on a need to know basis.

As the homeroom teacher of this student, I will alert the parents, school office and school nurse to any field trips and extra snacks (ie birthday treats, etc) that the class will be getting as soon as I am aware of the activity, so that preparations can be made ahead of time.

Home Room teacher signature _____ Date _____

Extracurricular activities:

Should the student wish to participate in extracurricular activities outside of school hours, it will be the parents responsibility to assure the event coordinator or coach(s) are aware of students medical condition. Parents will be responsible to for any care and treatment student may need during these activities. Event coordinators and coaches are not responsibility for providing treatment.

St. Joseph Hessen Cassel School does not employee a school nurse. All duties related to the care of a diabetic student during school hours are delegated to the volunteer health aides. Our volunteer school nurse may be available by phone or email during the school day should any questions or concerns arise that require medical decision making and/or treatment. The students parents are to be the first line emergency contact.

As a parent/guardian of this student, I give my permission to the school nurse and other designated staff to perform and carry out the diabetes tasks as outlined in this Individualized Health Plan (IHP) and for my child's healthcare provider to share information with the school nurse for the completion of this plan. 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. Parents/Guardians and student are responsible for maintaining necessary supplies, snacks, blood glucose monitor, medications and equipment as outlined. I acknowledge that all medication dosage changes are required to be signed by my student's physician. I will submit any changes after each visit to the physician.

Parent/Guardian Signature _____ Date _____

Attach Physician's Orders

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Nursing Diagnosis:	Goals:
1. Ineffective therapeutic regime management 2. At risk for unstable glucose level 3. Fear (Parent) r/t perception that school staff will not be able to effectively manage diabetes 4. Other _____ _____ _____	1. Student will effectively manage diabetes at home and at school 2. Student' blood glucose level will remain in goal range. 3. School staff will effectively manage student's diabetes in school and show competence with continuing education 4. Other _____ _____

Volunteer Health Aide:

IC 20-34-5-11 "volunteer health aide" means a school employee who:

- 1) is not licensed or authorized to provide health care services under IC 25
- 2) volunteers to act in the capacity of a volunteer health aide; and
- 3) has successfully completed the training described in section 15 of this chapter (see attached)

IC 20-34-5-14 Use of volunteer health aides Sec. 14. (a) At each school in which a student with diabetes is enrolled, the school principal, after consultation with the school nurse, shall: (1) seek school employees to serve as volunteer health aides; and (2) make efforts to ensure that the school has an adequate number of volunteer health aides to care for students. (b) A volunteer health aide, while providing health care services, serves under the supervision and authorization of the principal and the school nurse in accordance with the requirements that apply to the school nurse under IC 25-23. (c) A volunteer health aide must have access to the school nurse, in person or by telephone, during the hours that the volunteer health aide serves as a volunteer health aide. (d) **A school employee may not be subject to any disciplinary action for refusing to serve as a volunteer health aide. The school shall inform school employees that participation as a volunteer health aide is voluntary. A school employee who volunteers as a volunteer health aide may elect to perform only those functions that the school employee: (1) chooses to perform; and (2) is trained to perform in the training program described in section 15 of this chapter.** As added by P.L.166-2007, SEC.2

I understand my duties and responsibilities as a volunteer health aide, I acknowledge I have completed the required training and will discuss any questions or concerns I have regarding this care plan, or my duties, with the school nurse.

Trained Volunteer Health Aides:

Printed Name: _____ Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____