Rev: 4/2009

Anchor Bay School District Diabetic Medical Care Plan

Place Child's Picture Here

Student Name	Date
	ner
Emergency Contact information #1 Parent	(Please list in order to be called) Cell Phone
#2 Parent	
Home Phone	_ Cell Phone
Work Phone	
your child's Diabetes and would be al	
#4 Contact Name	
#4 Contact – Name	
RelationshipPhone	Cell Phone

PARENTS PLEASE NOTE:

- ➤ Please check all expiration dates on all <u>medications</u> and <u>medical supplies</u> (ketone sticks, etc.).
- > No expired medications or supplies will be used at school.
- Any time Glucagon is administered, the school will call 911 and then the Emergency contacts in the order listed above until someone is contacted.
- ➤ Please be sure to sign the Parent Signature areas of the Medical Care Plan and the Medication Administration forms.

Please have your child's Physician complete this <u>Medical Care Plan</u> and the <u>Medication Administration Request.</u> Please return to your child's school office ASAP.

If you have any questions about the Medical Care Plan or Medication Administration Forms, please contact your school office.

Blood Glucose Meter and other supplies (please check all that apply)

- o Student should have meter at school at all times.
- Student should be accompanied by a responsible person to the locations designated by the school for glucose testing.
- o Parents will provide all supplies needed.
 - * Ketone urine dip sticks in the proper container.
 - ❖ Blood Glucose meter with test strips, alcohol wipes, lancets, etc.
 - Insulin and supplies needed to administer.
 - Glucagon kit, glucose tabs/gel.
 - ***** Extra snacks for school if needed.
 - Sharps container

<u>Daily Blood Glucose Testing</u> (please check all that apply)

- Blood Sugar should be tested and treated daily at below times.
 (please check below)
 - o Before Snack Time
 - o Before Lunch Time
 - o After Lunch Time
 - o Before getting onto the school bus (15-20 mins)
 - o Before PE
 - o After PE
 - o Other times _____
- Test anytime student has symptoms of high or low blood sugar
 (See Quick Reference for High and Low blood sugar for symptoms)
- o May self test.
- o May test with direct supervision.
- o Will require assistance with testing.
- o Send recorded glucose readings home to parent weekly.

Daily Insulin injection (s)

(Please check all that apply)

Type of Insulin _____ (Humulin, Novalog, Humalog, etc)

- o The student uses an insulin pen.
- o The student uses an insulin vial and syringes.
- The student has an insulin pump (see attached insulin pump instructions).

Administration of insulin (Please check all that apply)

- o The **parent will train** the designated school personnel in how to administer the insulin.
- o The **student** can give and administer own insulin injections.
- o The **student** can determine correct amount of insulin to use.

The student will receive an injection of the above named insulin using one method chosen below.

- o Insulin determined by Sliding Scale provided by parent and physician.
- o Insulin determined by Carbohydrate and Blood sugar calculation using the dosing method provided by students Physician: (please check one method below)
 - o Carb/Blood glucose dosing charts
 - o Carb/Blood glucose dosing grid
 - Carb/Blood glucose calculation (Please give correct calculation below)

If Calculation chosen: A = Meals:units of insulin pergrams of carbohydrate. B = BS Correction:units of insulin for everymg/dl abovemg/dl glucometer reading.
A + B = number of insulin units to administer

For the safety of the students in the school setting we prefer to use dosing charts from the Physician instead of doing daily Carb/Blood glucose calculations.

INTERVENTIONS FOR LOW BLOOD SUGAR

(please check all that apply)

0	Treat low blood glucose that is below
0	See low blood sugar "Quick Reference"
0	Oral glucose tabs or gel may be used for treatment of blood sugar
	belowmg/dl, if the student is able to cooperate and can
	chew and swallow, and the student is NOT having a seizure or is
	unconscious. The dose is 3 glucose tabs by mouth (15 grams of carbs)
	or 15 grams of carbs per gel.
0	Recheck Blood sugar in 15 minutes. If Blood sugar remains below
	, and the student is NOT having a seizure and is NOT
	unconscious May repeat 15 grams of carbs. Recheck BS in 15 mins.
	Contact the parent for further instructions . Student will go
	home if BS remains low after second dose of carbohydrates.

GLUCAGON EMERGENCY KIT (Please check all that apply)

- Administer GLUCAGON for emergency episode of severe low blood sugar reaction (seizure, unconsciousness or unable to swallow or cooperate with the treatment of low blood sugar)
- o Call 911 and notify parents upon administering.
- o Glucagon is given as an injection.
- o Glucagon must be mixed before administering.

Mixing Glucagon: Inject the entire contents of the syringe into the bottle of Glucagon. Swirl to mix. Then draw up the dissolved contents from the bottle.

Glucagon Dose

- o $\frac{1}{2}$ mg (1/2 cc) for student under 50 lbs.
- o 1 mg (1cc) for student over 50 lbs.

Please Note:

- o Inject Glucagon into a muscle (may use the front of the Thigh muscle).
- Student may vomit after injection, so turn the student onto side after the injection.
- O Do not attempt to give anything by mouth if the student is unconscious, having a seizure and/or in unable to swallow.

THE SCHOOL WILL CALL 911 AND THEN THE EMERGENCY CONTACTS WHENEVER GLUCAGON IS ADMINISTERED

Safety of student with severe Low Blood Sugar that is unconscious or having a seizure:

- A. Stay with the student, place on side and protect from injury.
- B. DO NOT PUT ANYTHING INTO THE STUDENTS MOUTH.
- C. Suspend or remove any insulin pump if worn.

Other instructions from Physician for LOW BLOOD SUGAR BELOW 70	

INTERVENTIONS FOR HIGH BLOOD SUGAR of 300 or higher

(Please check all that apply)

- o See High Blood Sugar "Quick Reference".
- o Check urine for ketones
 - ✓ If Positive or Trace of Ketones are Present. The Parent will be notified and the student will go home.
 - ✓ If Negative for Ketones do the following:
- o Call Parent for further instructions.
- o Encourage fluids 16-20 oz. of water.
- o Allow free use of bathroom.
- o Recheck blood sugar level after 45-60 minutes.

Other instruction	s from the ph	ysician for	HIGH BLOC	DD SUGAR	above 300

Parent will take student home if urine ketones are present, blood sugar remains elevated after second glucometer check, or if student remains symptomatic or not feeling well

Insulin Pump

Type of pump	
Basal Rates	
Type of insulin in pump	
Insulin/carb ratio	
Correction factor	
Other Insulin Pump directions	

Student Insulin Pump Abilities. (please check all that apply)

- o Student can count own carbs and enter them into the pump correctly.
- Student can do own blood glucose test and enter into the pump correctly.
- o Student can determine correct bolus calculation and enter into the pump correctly.
- o This student can independently manage his/her own insulin pump.
- Student needs assistance with carbohydrate count and entering them into the pump correctly.
- Student needs assistance with doing blood glucose and entering it into the pump correctly.
- Student needs assistance with determining correct insulin bolus calculation and entering it into the pump correctly.
- o This student needs assistance to manage his/her insulin pump.

Parents will be called immediately with any questions or problems with the insulin pump. This includes if the pump becomes disconnected, alarms are alarming, or any other pump problems that arise.

Quick Reference Emergency Plan For a Students with Diabetes

Hyperglycemia (High Blood Sugar)

Photo Here

Student's Nan	ne				
Grade/Teacher	r	Date of Plan			
Emergency C	ontact Information:				
Mother/Guard	ian	Father/	Guardian		
Home phone	Work phone cel	ll Home p	phone work phone	cell	
School Nurse/	Trained Diabetes Personn	el Contact	t Number(s)		
	Causes of Hype ·Too much food · Too little insulin · Decreased activity	· Illness · C	Onset Over time – several hours or days		
		Symptoms			
	Mild Thirst Frequent urination Fatigue/sleepiness Increased hunger Blurred vision Weight loss Stomach pains Flushing of skin Lack of concentration Sweet, fruity breath Other: Circle student's usual symptoms.	Moderate • Mild symptoms plus: • Dry mouth • Nausea • Stomach cramps • Vomiting • Other: Circle student's usual symptoms.	Severe • Mild and moderate symptoms plus: • Labored breathing • Very weak • Confused • Unconscious Circle student's usual symptoms.		
	• Encou • Contacheck Medic • If stud the par	Actions Needed free use of the bathroom. rage student to drink water or sugarct the school nurse or trained diabete urine or administer insulin, per stude al Management Plan. lents is nauseous, vomiting, or lethar rent/guardian orcall for medical cannot be reached.	s personnel to ent's Diabetes gic,call		

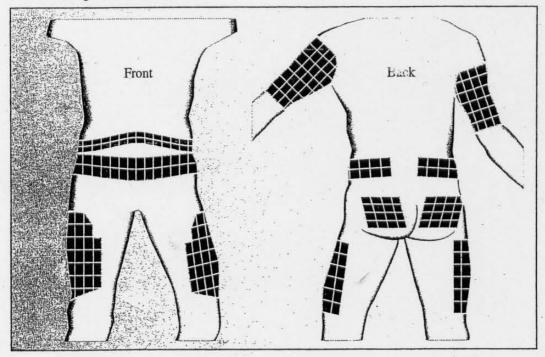
Quick Reference Emergency Plan for a Student with Diabetes

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lothec/Guardian		F	ather/Guardian	
ome phone Work phone	Cell	Home phone	Work phone Cell	
chool Nurse/Trained Diabetes Pen	sonnel	.6	iontact Number(s)	
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Mild Hunger Seesing Shakeress Drowniness Wasimens Personality change Pakeress Inability to Arosety concentrate Initiability Other:	Moderate - Heatische - Blu - Behavior - We change - Siu - Poor - Cor coordination - Oth	my vision scress med Speech dusion	Severe Loss of consciousness Secure Institly to everlow	
See Autoficias oppins	Dich daterffs walch	option	Tirds shallest's axeal bytoglores.	
	When in doubt, always T	Ne, check blood sug- REAT FOR HYPOGLYCE	MA.	
Student maybrary not treat self. Provide quick-suger source. 3-4 glucose tablets 4 oz. pion 6 oz. regular soda. 3 tesapoons of glucose gel Wat 10 to 15 minutes.	Someone assists. Give student quick-sper MLD guidelines. Whit 10 to 15 minute. Recheck blood gluco.	agar source	Severe Don't attempt to give anything by mouth. Position on side, if possible. Contact school nurse or trained diabetes personnel. Administer glucagon, as	
Recheck blood glucose. Repeat food if symptoms persist or blood glucose is less than Follow with a mack of carbohydrate and protein (e.g., these and crackers).	Repeat food if symptoms pensist or blood glucose is less than Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).		prescribed. • Call ST1. • Contact parents/guardian. • Stay with student.	

INJECTION SITE ROTATION

Knowing exactly where on your body you should give your shot(s) each day is very important. The chart below shows sites for your insulin shots in the red and white grid areas. Each square is a place to give you a shot. You may need help from a family member to give shots in some of the sites.

Insulin Injection Areas



Signature of Physician		Date
Printed name of Physician		_
Address		_
City and Zip		_
Phone number		_
Signature of Parent (s)		
	Date	
	Data	