

Rev: 4/2009

Place
Child's
Picture
Here

Anchor Bay School District Diabetic Medical Care Plan

Student Name _____ Date _____
Grade _____ Teacher _____

Emergency Contact information (**Please list in order to be called**)

#1 Parent _____
Home Phone _____ Cell Phone _____
Work Phone _____

#2 Parent _____
Home Phone _____ Cell Phone _____
Work Phone _____

Alternate contacts if parents are unavailable. This should be someone familiar with your child's Diabetes and would be able to advise school staff how to proceed with your child's care in the event that both parents are unavailable during the school day.

#3 Contact - Name _____
Relationship _____
Home Phone _____ Cell Phone _____

#4 Contact - Name _____
Relationship _____
Phone _____ Cell Phone _____

PARENTS PLEASE NOTE:

- Please check all expiration dates on all medications and medical supplies (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 Medical Care Plan and the Medication Administration Request. 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)

- 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.
- 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

Daily Blood Glucose Testing (please check all that apply)

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

Daily Insulin injection (s)

(Please check all that apply)

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

- The student uses an insulin pen.
- 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)

- The **parent will train** the designated school personnel in how to administer the insulin.
- The **student** can give and administer own insulin injections.
- 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.

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

If Calculation chosen:

A = Meals: ____units of insulin per ____grams of carbohydrate.

B = BS Correction: ____units of insulin for every ____mg/dl above ____mg/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)

- Treat low blood glucose that is below _____.
- See low blood sugar “Quick Reference”
- Oral glucose tabs or gel may be used for treatment of blood sugar below _____mg/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.
- 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)**
- Call 911 and notify parents upon administering.
- Glucagon is given as an injection.
- 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

- ½ mg (1/2 cc) for student under 50 lbs.
- 1 mg (1cc) for student over 50 lbs.

Please Note:

- 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.
- 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)

- See High Blood Sugar “Quick Reference”.
- 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:
- Call Parent for further instructions.
- Encourage fluids 16-20 oz. of water.
- Allow free use of bathroom.
- Recheck blood sugar level after 45-60 minutes.

Other instructions from the physician for HIGH BLOOD 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)

- 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.
- Student can determine correct bolus calculation and enter into the pump correctly.
- 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.
- 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)**

Student's Name _____

Grade/Teacher _____

Date of Plan _____

Emergency Contact Information:

Mother/Guardian _____

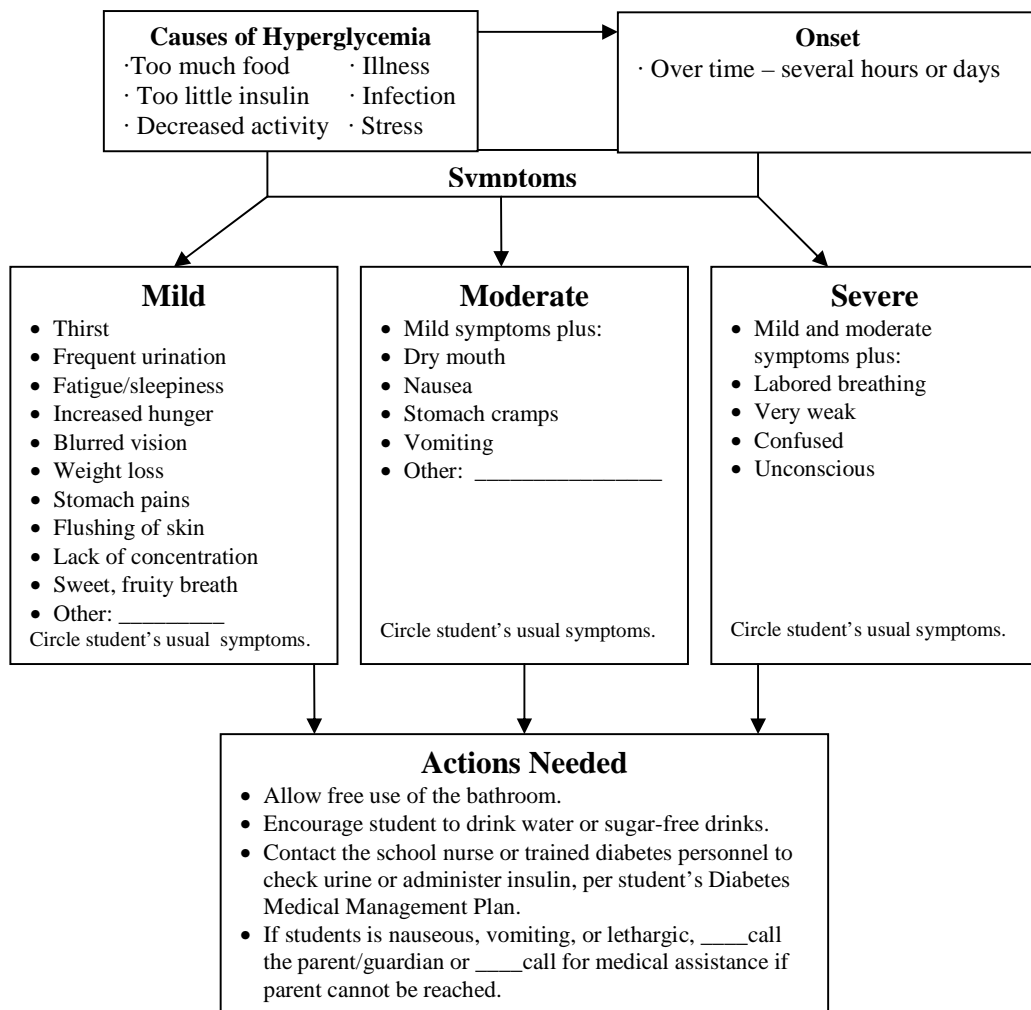
Father/Guardian _____

Home phone Work phone cell

Home phone work phone cell

School Nurse/Trained Diabetes Personnel _____

Contact Number(s) _____



Quick Reference Emergency Plan for a Student with Diabetes

Hypoglycemia (Low Blood Sugar)

Student's Name _____

Grade/Teacher _____ Date of Plan _____

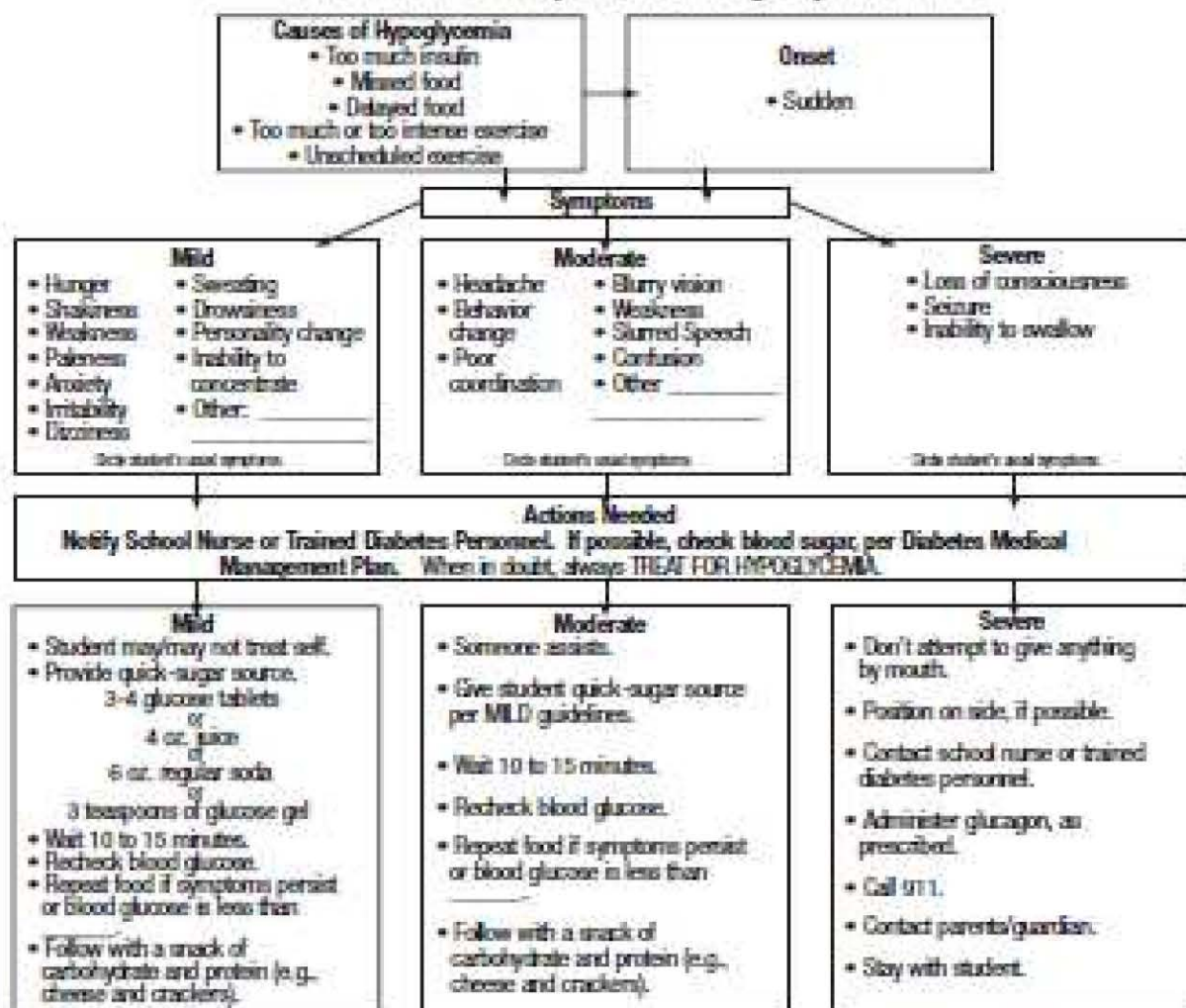
Emergency Contact Information:

Mother/Guardian _____ Father/Guardian _____

Home phone _____ Work phone _____ Cell _____ Home phone _____ Work phone _____ Cell _____

School Nurse/Trained Diabetes Personnel _____ Contact Number(s) _____

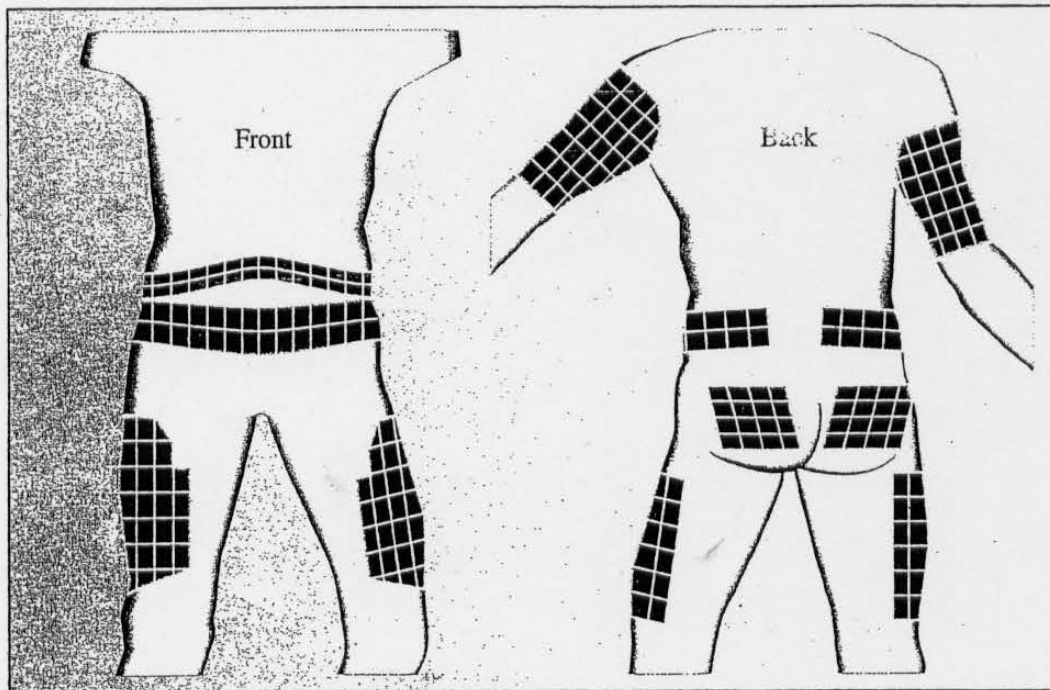
Never send a child with suspected low blood sugar anywhere alone.



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 _____

_____ Date _____