

STUDENT NAME: _____
 ADDRESS: _____
 PARENT: _____
 PH #: _____ WK PH #: _____

DOCTOR: _____
 PH #: _____ FAX: _____
 HOSP: _____
 DOB: _____

SCHOOL: _____ TEACHER: _____ GRADE: _____

ALLERGIES: _____

MEDICATIONS: _____

HEALTH CONCERNS/MEDICAL DX: _____

1. EMG. CONTACT: _____ PH# _____ WK PH# _____
 2. EMG. CONTACT: _____ PH# _____ WK PH# _____
 3. EMG. CONTACT: _____ PH# _____ WK PH# _____

Describe "typical" warning symptoms for student:

Warning Symptoms

Low Blood Sugar

Shaky, dizzy, faint
 Cold, sweaty, pale
 Hard to concentrate, headache
 Hunger, grouchy
 Personality change (crabby or withdrawn)
 Sleepy, unsteady gait, slurred speech

High Blood Sugar

Thirsty, dry mouth, frequent urination
 Weakness, irritability
 Sickly sweet breath odor
 Heavy, labored breathing
 Loss of appetite, nausea/vomiting
 Blurred vision

Emergency Care

- 1) **Do not leave student alone.**
- 2) Assess for symptoms and test blood sugar if glucometer available
- 3) Provide care based on blood sugar and/or symptoms:

Low Blood Sugar <80

- 4) If student is unconscious DO NOT give food or drink. Immediately call MERT and 911, give glucagon located in _____ and notify the parent. (Complete an Accident/Incident Report if 9-1-1 is called)
- 5) If BS <70 (or 70-80 with symptoms), give 15 grams of carbohydrates i.e. 4 oz juice or regular pop, 4 glucose tabs, 15 Skittles, 3 rolls of Smarties, or 4 Starbursts
- 6) If BS <50, give 30 grams of carbohydrates i.e. 8 oz juice or regular pop, 30 Skittles, 6 rolls of Smarties
- 7) Wait 15 minutes quietly. Repeat blood sugar and assess for symptoms.
- 8) If BS not over 70, repeat above process until >70
- 9) If no improvement, call school nurse (_____) and inform parent.

High Blood Sugar > _____

- 4) Test urine for ketones
 - a) If negative for ketones: allow exercise and stay in school
 - b) If positive for ketones: DO NOT allow exercise, DO NOT give insulin through pump, call School Nurse
- 5) Encourage drinking extra water

Transportation and Field Trips

_____ need to accompany on field trip:

During field trips provide care as described EXCEPT:

Nurse Signature _____ Date _____

Student Name: _____

DOB: _____

Diabetes is one of the most common chronic diseases of school-age children. There are an increasing number of children with diabetes who require accommodations during the school day to do blood glucose testing, have between meal snacks, and take insulin injections or make insulin pump adjustments. Self-management by the child of his/her disease is an important component of that control. Diabetes is NOT a communicable or contagious disease. Diabetes is a chronic disorder that can result in long-term complications such as damage to the eyes, kidneys, and vascular and nervous systems if not managed properly. There are two types of diabetes: Type 1 diabetes usually has a rapid onset and is caused by an autoimmune disorder in which the insulin-producing cells of the pancreas are destroyed. People with Type 1 diabetes must take insulin injections (via syringe, injection pen, or pump) every day. Type 2 diabetes usually has a gradual onset and is caused by an insufficient production of insulin by the body or an inefficient usage of insulin by the body's cells. People with Type 2 diabetes may take insulin injections, take oral medication, follow a meal plan, and engage in physical activity to control his/her blood glucose levels, or any combination of these methods.

1. Follow Diabetes Management Plan from the doctor:
 - o Diabetes Management plan is available and attached:
 - o Medication/Treatment order is available and attached:
 - o Treatment Schedule at School:

2. Other Considerations

3. Present Level of Functioning
Student is:
 - o able to recognize and communicate symptoms of Hypoglycemia:
 - o able to recognize and communicate symptoms of Hyperglycemia:
 - o able to independently test blood sugar:
 - o able to count carbohydrates:
 - o able to self administer insulin when needed:

4. School Staff trained to follow emergency procedures:

5. Goals:

Care Plan developed on _____

School Nurse _____ Pager _____ Phone _____

Back up Nurse _____ Pager _____ Phone _____

Supervisor Name _____ Pager _____ Phone _____