



Diabetes Program Plan of Care

Student: _____ School Yr: _____ School: _____ Grade: _____

DOB: _____ Pediatrician: _____ Diabetes Physician (if different): _____

PARAMETERS FOR ACTION:

BLOOD GLUCOSE READING	ACTION	RATIONALE
If the value is between ___ mg/dl & ___ mg/dl	NO ACTION necessary	Normal Blood Sugar
If the value is less than ___ mg/dl	Follow HYPOglycemia protocol	Low Blood Sugar
If the value is greater than ___ mg/dl	Follow HYPERglycemia protocol	High Blood Sugar

*Parent/Guardian will be notified of all out of normal range results

Will Student:	Yes/No	Explain:
Blood Glucose Testing: Can perform own blood glucose test?		Student may check blood glucose at any time needed/requested, including when symptoms of hypoglycemia or hyperglycemia are exhibited
Insulin Administration: ____ Insulin Injection ____ Insulin Pod/Pump		Name , Dose, & Time of Basal Insulin _____ Name of Corrective Insulin: _____ 1 Unit of Insulin given for _____ grams of Carbohydrate Injection: Can student self administer injections? Can student determine correct amount of insulin? Can student draw/dial correct dose of insulin? Pod/Pump: Is student competent regarding pump? Can student troubleshoot pod/pump problems? Brand/Type of Pump/Pod
Emergency Meds Kept at School: ____ Glucagon ____ Glucose Tabs ____ Glucose Gel		Glucagon will be given promptly if student is unconscious, having seizure, or unable to swallow
Require Special Diet/Snacks		If yes, describe (i.e. type & time of foods/snacks, carbohydrate count, special considerations for parties, special occasions, etc):
Ketone Testing:		If yes, describe circumstances/parameters for Ketone check:

It is the responsibility of the parent/guardian to provide any needed medications or supplies to the school. Routine diabetes care will be conducted in the Health Room and under the supervision of the Health Room staff.

Program Plan of Care reviewed and approved by:

Parent/Guardian Signature Date

School RN Signature Date

Principal Signature Date

Physician Signature Date

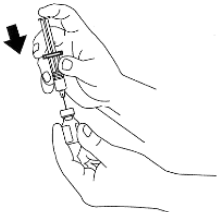
Problems/Symptoms to be Reported Include:

Low Blood Glucose	High Blood Sugar
<ul style="list-style-type: none"> • IS IMMEDIATE MEDICAL EMERGENCY TAKE ACTION IMMEDIATELY 	<ul style="list-style-type: none"> • Is a potential medical emergency • Student usually has time to adjust and correct adequately
<p>Causes: Too little food, too much insulin, extra exercise</p>	<p>Causes: Illness, stress, too much food, too little insulin</p>
<p>Onset: Quicker/More Rapid Onset</p>	<p>Onset: Slower/More Gradual Onset</p>
<p>Signs/Symptoms:</p> <ul style="list-style-type: none"> • Feeling shaky • Sweating • Pale • Dizzy • Weakness/Fatigue • Very Hungry • Blurred Vision • Headache • Fast Heartbeat • Anxious, Angry, Irritable • Confused, Decreased level of or unconscious • Other: 	<p>Signs/Symptoms:</p> <ul style="list-style-type: none"> • Unusual/Extreme Thirst • Unusual Hunger • Frequent Urination • Sleepiness • Blurred Vision • Stomach Ache • Fruity Breath Odor • Nausea/Vomiting • Dry Skin • Confused, Decreased level of /or unconscious • Other:
<p>Treatment:</p> <ol style="list-style-type: none"> 1. Test Blood Glucose 2. Immediately give a rapid acting sugar source (i.e.): <ul style="list-style-type: none"> 4 oz Orange Juice 1 juice box 6 Lifesavers 15 Skittles 4 to 6 oz. regular soda 1 fruit roll-up 2 Starburst 3 glucose Tablets 1 tube of Glucose Gel 3. **If student lethargic but able to talk & swallow, rub glucose gel or cake icing into gums of mouth while monitoring ability to swallow without choking during administration **If student lethargic, unconscious, or unable to swallow, administer Glucagon (if ordered) 4. If student becomes unconscious, immediately call 911 & notify parent/guardian 5. Re-test blood sugar level after 10-15 minutes. 6. Give protein snack if not going to lunch within 15 minutes, (i.e., 4 to 6 cheese crackers or peanut butter crackers). 	<p>Treatment:</p> <ol style="list-style-type: none"> 1. Test Blood Glucose 2. Encourage student to drink extra water, may have water bottle in classroom 3. Allow student extra restroom privileges 4. Check Ketones (if ordered) for blood sugar ≥ 300 5. Exercise ONLY if Ketones are less than "Moderate" 6. Notify Parent/Guardian: 7. Call 911 immediately if student is vomiting and has a decreased level of consciousness when blood glucose is ≥ 300
<p>Extra Blood Glucose monitoring or snacks may be needed.</p>	<p>Extra Blood Glucose monitoring or water may be needed</p>

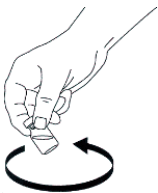
DIRECTIONS FOR USE TO PREPARE GLUCAGON FOR INJECTION



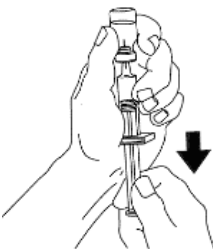
1. Remove the flip-off seal from the bottle of glucagon. Wipe rubber stopper on bottle with alcohol swab.



2. Remove the needle protector from the syringe, and inject the entire contents of the syringe into the bottle of glucagon. DO NOT REMOVE THE PLASTIC CLIP FROM THE SYRINGE. Remove syringe from the bottle.



3. Swirl bottle gently until glucagon dissolves completely. GLUCAGON SHOULD NOT BE USED UNLESS THE SOLUTION IS CLEAR AND OF A WATER-LIKE CONSISTENCY.



4. Using the same syringe, hold bottle upside down and, making sure the needle tip remains in solution, gently withdraw all of the solution (1 mg mark on syringe) from bottle. The plastic clip on the syringe will prevent the rubber stopper from being pulled out of the syringe; however, if the plastic plunger rod separates from the rubber stopper, simply reinsert the rod by turning it clockwise. The usual adult dose is 1 mg (1 unit). For children weighing less than 44 lb (20 kg), give 1/2 adult dose (0.5 mg). For children, withdraw 1/2 of the solution from the bottle (0.5 mg mark on syringe). Discard unused portion.

5. INJECT GLUCAGON IMMEDIATELY AFTER MIXING--Cleanse injection site on **buttock, arm, or thigh** with alcohol swab.

6. Insert the needle into the **loose tissue** under the cleansed injection site, and inject all (or 1/2 for children weighing less than 44 lb) of the glucagon solution. THERE IS NO DANGER OF OVERDOSE. Apply light pressure at the injection site, and withdraw the needle. Press an alcohol swab against the injection site.

7. Turn the patient on his/her side. When an unconscious person awakens, he/she may vomit. Turning the patient on his/her side will prevent him/her from choking.