

CONFIDENTIAL INFORMATION

DIABETES - Individual Health Plan (IHP)

According to Washington State Law (RCW 28A.210.320) the attendance of every child shall be conditioned upon the presentation before or on the child's first day of attendance a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at school. Once such an order has been presented, the child shall be allowed to attend school. Contact school if you have questions.



Student Name: _____
DOB: _____ Grade: _____
School: _____ Year: _____
Teacher: _____

Other ID: [] Walker [] Bus Rider Bus Number: _____
Bus Driver: _____ Bus Route: _____

Parent/Guardian: _____ Hm Phone: _____
Address: _____

Guardian 1: _____ Phone: _____
Guardian 2: _____ Phone: _____
Physician/HCP: _____ Phone: _____ Allergies: _____
Preferred Hospital: _____

See Health Care Provider's (HCP) order for detailed medical care and instructions

DIABETIC OVERVIEW

Diabetic Care: [] Student Independent [] Student Requires some/all assistance with diabetic care
Insulin Delivery: [] Syringe [] Pen [] Pump: Pump Type _____

BLOOD GLUCOSE MANAGEMENT

Blood glucose (BG) normal range from _____ to _____
Call parent if below _____ or above _____
Treat BG below _____ mg/dl or above _____ mg/dl per HCP orders

BLOOD GLUCOSE MONITORING (check all that apply)

- [] Before meals [] Before PE [] For symptoms of
[] Before Snack [] After PE/Activity hypo/hyperglycemia and anytime
[] Before recess [] Prior to dismissal the student does not feel well

CONTINUOUS GLUCOSE MONITORING (CGM)

[] No [] Yes
Alarms set for: Low: _____ mg/dl High: _____ mg/dl
Always confirm CGM results with finger stick check before taking action. If student has symptoms of hypoglycemia, check finger stick blood glucose level regardless of CGM. Do not enter CGM reading into insulin pump for insulin calculation.

EMERGENCY INTERVENTION

Students **must** be accompanied by an adult when they are having symptoms or have a known low blood glucose

Hypoglycemia (Low Blood Sugar)

Hypoglycemia is defined as a blood glucose less than _____ g/dL

Indicate student's hypoglycemia symptoms

<input type="checkbox"/> Hunger	<input type="checkbox"/> Sweating	<input type="checkbox"/> Shakiness	<input type="checkbox"/> Paleness	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Confusion	<input type="checkbox"/> Loss of coordination	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Fighting	<input type="checkbox"/> Crying
<input type="checkbox"/> Day-dreaming	<input type="checkbox"/> Inability to concentrate	<input type="checkbox"/> Anger	<input type="checkbox"/> Passing-out	<input type="checkbox"/> Seizure
<input type="checkbox"/> Other				

Hypoglycemia Management <small>(Low Blood Glucose)</small>	<p>Mild or Moderate Low Blood Glucose Management – Student is alert Blood Glucose (BG) below _____ mg/dL.</p> <ul style="list-style-type: none"> If student is conscious and able to swallow, immediately give 15 grams fast-acting sugar Recheck blood glucose in 15 minutes If blood glucose is still low then re-treat with another 15 grams fast acting sugar If unable to raise BG to normal range, notify nurse/parent if not resolved If BG is in acceptable range and it is not lunch or snack time, provide snack of: _____
	<p>Severe Low Blood Glucose Management – Student is unconscious, semi-conscious but unable to swallow, or seizing</p> <ul style="list-style-type: none"> Call 911 and request paramedic response Turn on side Don't attempt to give anything by mouth Administer glucagon (can only be administered by RN, parent, paramedic, or PDA) <ul style="list-style-type: none"> <input type="checkbox"/> 0.5 mg subq/IM <input type="checkbox"/> 1.0 mg subq/IM If student has a pump, pinch the tubing to stop insulin delivery

Hyperglycemia (High Blood Sugar)

Hyperglycemia is defined as a blood glucose greater than _____ mg/dL

Indicate student's hyperglycemia symptoms

<input type="checkbox"/> Extreme thirst	<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Blurry vision	<input type="checkbox"/> Hunger	<input type="checkbox"/> Headache
<input type="checkbox"/> Nausea	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Dry skin	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Stomach ache
<input type="checkbox"/> Other				

**Hyperglycemia
Management
(High Blood Glucose)**

- Correction with insulin as per HCP's orders for hyperglycemia
- For student with pump, inspect tubing and infusion site
- Notify parent
- Encourage student to drink water and rest
- Ask student to check urine for ketones per doctor's orders
- ◊ If urine ketones are trace/small, give 8-16 oz of sugar-free fluid (water) and return to classroom
- ◊ If urine ketones are moderate/large, give 8-16 oz of sugar-free fluid (water) and contact parent to pick up student from school

SUPPLIES PARENT WILL PROVIDE (check all that apply)

- Blood glucose monitoring supplies (meter, strips, lancets, batteries, charger)
- Insulin and administration supplies
- Emergency 3-day supply of medication
- Insulin pump supplies (infusion set, reservoirs, syringes)
- Fast acting sugar snacks, carb/protein snacks
- Ketone strips
- Glucagon
- Other

Supplies will be located:

ADDITIONAL INFORMATION

Parent: _____ Date: _____

School Nurse RN: _____ Date: _____

A copy of this plan will be kept in the Health Room and will be available to necessary staff in Skyward.

It is the teacher's responsibility to communicate medical concerns to their substitute teacher by placing a copy of each health plan in their sub file.

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SHRED PRIOR TO DISCARD**