

Date of Plan: _____

Effective Dates: _____

Highland Local Schools Diabetic Action Plan

Student's Name: _____ Date of Birth: _____

Date of Diabetes Diagnosis: _____ Grade: _____ Homeroom Teacher: _____

Physical Condition: _____ Diabetes type 1 _____ Diabetes type 2

Contact Information

Parent/Guardian: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Parent/Guardian: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Student's Doctor/Health Care Provider:

Name: _____ Telephone: _____

Address: _____ Emergency Number: _____

Other Emergency Contacts:

Name: _____ Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____

Notify parent(s)/guardian(s) or emergency contact in the following situations: _____

Blood Glucose Monitoring

Target range for blood glucose is: _____ 70-150 _____ 70-180 _____ Other: _____

Usual times to check blood glucose: _____

Times to do extra blood glucose checks (check all that apply):

_____ Before exercise _____ When student exhibits symptoms of hyperglycemia

_____ After exercise _____ When student exhibits symptoms of hypoglycemia

_____ Other (explain): _____

Can student perform own blood glucose checks? _____ Yes _____ No

Exceptions: _____

Type of blood glucose meter student uses: _____

Insulin (Must also have Medication Administration Form on file and signed by physician)

Usual Lunchtime Dose

Base dose of Humalog/Novolog/Regular insulin at lunch (circle type of rapid-/short-acting insulin used) is

_____ units or does flexible dosing using _____ units/ _____ grams carbohydrate.

Use of other insulin at lunch (circle type of insulin used): intermediate/NPH/lente _____ units or

basal/Lantus/Ultralente _____ units.

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event:

Exercise and Sports

A fast-acting carbohydrate such as _____ should be available at the site of exercise or sports.

Restrictions on activity, if any: _____

Student should not exercise if blood glucose level is below _____ mg/dl or above _____ mg/dl or if moderate to larger urine ketones are present.

Hypoglycemia (Low Blood Sugar)

Usual Symptoms of hypoglycemia: _____

Treatment of hypoglycemia: _____

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow.

Route _____, Dosage _____, site for glucagons injection: _____ arm _____ thigh _____ other: _____

(Must also have Medication Administration Form on file and signed by physician) If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance) and the parent(s)/guardian(s).

Hyperglycemia (High Blood Sugar)

Usual Symptoms of hyperglycemia: _____

Treatment of hyperglycemia: _____

Urine should be checked for ketones when blood glucose levels are above _____ mg/dl.

Treatment for ketones: _____

Supplies to be kept at School:

- | | |
|---|--|
| _____ Blood glucose meter, blood glucose test strips, batteries for meter | _____ Insulin pump and supplies |
| _____ Lancet device, lancets, gloves, etc. | _____ Insulin pen, pen needles, insulin cartridges |
| _____ Urine ketone strips | _____ Fast-acting source of glucose |
| _____ Insulin vials and syringes | _____ Carbohydrate containing snack |
| | _____ Glucagon emergency kit |

Signatures

This Diabetes Action Plan has been approved by: _____ Date: _____

Student's Physician/Health Care Provider

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of _____ School to perform and carry out the diabetes care tasks as outlined by _____'s Diabetes Action Plan. I also consent to the release of the information contained in this Diabetes Action Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain the child's health and safety.

Acknowledged and received by:

Student's Parent/Guardian _____ Date: _____

Student's Parent/Guardian _____ Date: _____

Quick Reference Emergency Plan for a Student with Diabetes

Hyperglycemia (High Blood Sugar)

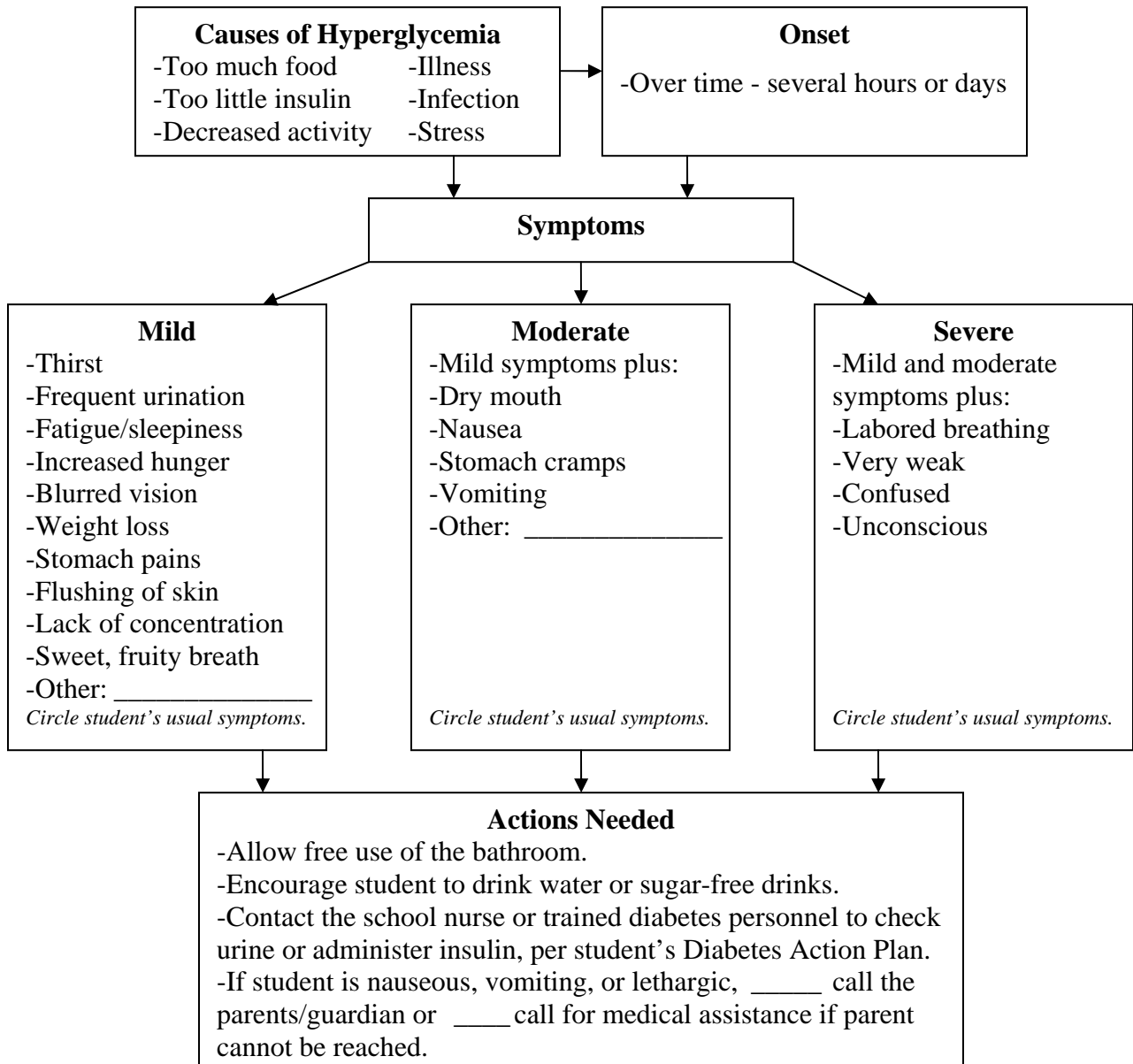
Student's Name _____ Grade/Teacher _____ Date of Plan _____

Emergency Contact Information:

Parent/Guardian _____ Home: _____ Work: _____ Cell: _____

Parent/Guardian _____ Home: _____ Work: _____ Cell: _____

School Nurse/Trained Diabetes Personnel _____ Phone: _____



Quick Reference Emergency Plan for a Student with Diabetes

Hypoglycemia (Low Blood Sugar)

Student's Name _____ Grade/Teacher _____ Date of Plan _____

Emergency Contact Information:

Parent/Guardian _____ Home: _____ Work: _____ Cell: _____

Parent/Guardian _____ Home: _____ Work: _____ Cell: _____

School Nurse/Trained Diabetes Personnel _____ Phone: _____

