



**Individualized Health Plan: Diabetes in School Setting**

Date of Plan: \_\_\_\_\_

Date of Orders: \_\_\_\_\_

To be completed by School Nurse in consultation with Parent, School staff and per HealthCare Provider Orders  
See Colorado Diabetes Standard of Care Guidelines for the School Setting

Student: \_\_\_\_\_

DOB: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Health Concern:  Type 1 Diabetes  Type 2 Diabetes Other: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Preferred Tel #: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Preferred Tel #: \_\_\_\_\_

School Nurse: \_\_\_\_\_

Work#: \_\_\_\_\_

Physician: \_\_\_\_\_

Work#: \_\_\_\_\_

Diabetes Educator: \_\_\_\_\_

Work#: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

504 on file?  Yes  No

Comments: \_\_\_\_\_

<b>TARGET RANGE – Blood Glucose:</b>	_____ mg/dl	<b>TO</b>	_____ mg/dl
<b>Notify Parents if Blood Glucose values below:</b>	_____ mg/dl	<b>or greater than:</b>	_____ mg/dl

**Medications:** Insulin Dosing – see *Insulin Injection Administration or Pump Administration Addendum*  
 Insulin Delivery Device:  Insulin Pen  Insulin Pump  Syringe & Vial Insulin Type: \_\_\_\_\_  
 Parent/guardian elects to give insulin needed at school Notify parent/guardian for correction if Blood Glucose  $\geq$  \_\_\_\_\_ mg/dl  
**Glucagon Dose:** \_\_\_\_\_ mg Intramuscular in  Arm  Buttock  Thigh - \*See Severe Hypoglycemia Care

**Required Blood Glucose Monitoring at School** (See Blood Glucose Treatment Plan)

Where to check Blood Glucose:  Health Room  Classroom Other: \_\_\_\_\_  
 Student can carry supplies and test where needed and when needed  
 Continuous glucose monitoring: Always Confirm glucose level with a fingerstick/meter prior to treatment  
 Alarms set for: **Low:** \_\_\_\_\_ mg/dl **High:** \_\_\_\_\_ mg/dl

**When to Check Blood Glucose:**

As needed for signs/symptoms of low/high blood glucose and/or does not feel well  Behavior Concern  
 Before School Program  Before Snack  Mid-morning  After School Program/Extracurricular Activity  
 Before Lunch  After Lunch  Recess  Before PE  After PE  
 School Dismissal  Before riding bus/walking home  2.5 hrs after correction Other: \_\_\_\_\_

**Student's Schedule:**

Location of Snacks: \_\_\_\_\_ Location Eaten: \_\_\_\_\_  
 Lunch: \_\_\_\_\_ PE: \_\_\_\_\_ Recess: \_\_\_\_\_ Snack: \_\_\_\_\_ am \_\_\_\_\_ pm

**Class School Parties or Events with Food:**

In the event of Class Party – may eat the treat and insulin dosage per Provider Orders  
 Student able to determine whether to eat the treat  
 Replace with parent supplied treat  May NOT eat the treat  Contact Parent Prior to event for instructions

**Classroom Emergency Preparedness:**

Snack/Water in classrooms (provided by parent)  
 Supplies to be kept: (indicate location)

**Standardized Academic Testing Procedures:** School Staff to notify Parents and School Nurse of upcoming standardized testing in order to create a plan for Blood Glucose monitoring and treatment.

**Student's Self Care** (ability level to be determined by School Nurse and Parent with input from Health Care Provider prn)

Totally Independent Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Agreement for Student's Independent Management Completed
Assist/supervise blood glucose testing by trained staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Blood glucose testing to be done by trained staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Administers Insulin Independently	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Insulin injections to be done by trained staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Self-Injects with verification of dose & supervision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Monitors own snack and meals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Trained staff to monitor food intake	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Independently Counts Carbs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Trained staff to assist with carb counting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Self-treats mild hypoglycemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tests and interprets urine/blood ketones	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other: _____			

\*See Pump Addendum for self-care pumps skills

**Additional Information**

**Field Trip Information and Special Events:**

1. Notify parent and school nurse in advance so proper training can be accomplished
2. Adult staff must be trained and responsible for student's needs on field trip
3. Extra snacks, BG meter, copy of health plan, glucagon, insulin & emergency supplies must accompany student on field trip
4. Adult(s) accompanying student on a field trip will be notified of student's health accommodations on a need to know basis

**Exercise and Sports:**

Snack prior to PE     Snack after PE     Snack before Recess     Snack after Recess    # of Snack Carbs: \_\_\_\_\_

In general, there are no restrictions on activity except in these cases:

Student should not exercise if blood glucose is >300 and ketones is > small or until hypoglycemia/hyperglycemia is resolved

A source of fast-acting glucose & glucagon should be available in case of hypoglycemia

Special Instructions: \_\_\_\_\_

Staff Trained:	Monitor blood glucose & treat hypo/hyperglycemia	Give Insulin	Give Glucagon
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Further Instructions:** \_\_\_\_\_

**See Addendum(s):**  Emergency Action Plan: Glucose Monitoring & Treatment     Insulin Pump  
 Insulin Injection & Medication Management     Continuous Glucose Monitor     Supplies     Activity Plan

**PARENT/GUARDIAN PERMISSION**

I understand that:

- Medication orders are valid for this school year only & need to be renewed at the beginning of each school year.
- New Physician Orders are needed when there are any changes in the medication orders. (e.g. at quarterly clinic visits)
- Medication orders will become part of my child's permanent school health record.
- Medications must be in original container and labeled to match physician's order for school use including field trips.
- I have the responsibility for notifying the school nurse of any changes in Medication or care orders.
- I give permission to the school nurse to share information with appropriate school staff relevant to the prescribed medication administration as he/she determines appropriate for my child's health and safety.
- I give permission to the school nurse to contact the above health care provider for information relevant to the prescribed medication administration, provider orders, and related student health information appropriate for my child's health and safety.
- I give my permission to the school nurse and designated staff to perform and carry out the diabetes tasks as outlined in this Individualized Health Plan (IHP).
- I understand that the information contained in this plan will be shared with school staff on a need-to-know basis.
- Parent/Guardian & student are responsible for maintaining necessary supplies,snacks,blood glucose meter,medications & other equipment.

Parent Name: _____	Parent Signature: _____	Date: _____
School Nurse: _____	School Nurse Signature: _____	Date: _____