

Student
Photo

## Diabetes Health Care Plan for Insulin Administration via Syringe or Pen

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

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Name: \_\_\_\_\_

Grade/ Homeroom: \_\_\_\_\_

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

Transportation:  Bus     Car     Van     Type 1     Type 2

Parent/ Guardian Contact: Call in order of preference

*Name*

*Telephone Number*

*Relationship*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Prescriber Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Blood Glucose Monitoring:** Meter Location \_\_\_\_\_ Student permitted to carry meter and check in classroom  Yes  No

BG= Blood Glucose    SG= Sensor Glucose

Testing Time  Before Breakfast/Lunch     1-2 hours after lunch     Before/after snack     Before/after exercise     Before recess  
 Before bus ride/walking home     **Always** check when student is feeling high, low and during illness     Other \_\_\_\_\_

**Snacks:**  Please allow a \_\_\_\_\_ gram snack at \_\_\_\_\_  before/after exercise, if needed.

Snacks are provided by parent /guardian and are located in \_\_\_\_\_

### Treatment for Hypoglycemia/Low Blood Sugar

**If student is showing signs of hypoglycemia or if BG/SG is below \_\_\_\_\_ mg/dl**

**Treat with \_\_\_\_\_ grams of quick-acting glucose:**

\_\_\_\_\_ oz juice or     \_\_\_\_\_ glucose tablets or     Glucose Gel or     Other \_\_\_\_\_

Retest blood sugar every 15 minutes, repeat treatment until blood sugar level is above target \_\_\_\_\_ mg/dl

If no meal or snack within the hour give a 15-gram snack

If student unconscious or having a seizure (severe hypoglycemia): Call 911 and then parents

Give Glucagon: Amount of Glucagon to be administered: \_\_\_\_\_ (0.5 or 1 mg) IM, SC **OR**  Baqsimi 3 mg intranasally

**Notify parent/guardian for blood sugar below \_\_\_\_\_ mg/dl**

### Treatment for Hyperglycemia /High Blood Sugar

**If student showing signs of high blood sugar or if blood sugar is above \_\_\_\_\_ mg/dl**

Allow free access to water and bathroom

Check ketones for blood sugar over 250 mg/dl, Notify parent/guardian if ketones are **moderate to large**

**Notify parent/guardian for blood sugar over \_\_\_\_\_ mg/dl**

Student does not have to be sent home for trace/small urine ketones

See insulin correction scale (next page)

**Call 911 and parent/guardian for hyperglycemia emergency. Symptoms may include nausea & vomiting, heavy breathing, severe abdominal pain, chest pain, increased sleepiness or lethargy, or loss of consciousness.**

***Document all blood sugars and treatment***

**Signs of Low Blood Sugar**  
 personality change, feels funny, irritability, inattentiveness, tingling sensations headache, hunger, clammy skin, dizziness, drowsiness, slurred speech, seeing double, pale face, shallow fast breathing, fainting

