

LINCOLN COUNTY SCHOOL DISTRICT #2
DIABETES MANAGEMENT PLAN (With Pump)
School Year: _____

Student Name: _____

DOB: _____

Grade: _____

Will this student ride the bus to or from school? YES NO Bus/Route# (if known): _____

Parent/Guardian Name: _____ Home Phone: _____

Mother Cell: _____ Father Cell: _____

Mother Work: _____ Father Work: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

DIAGNOSIS: Type 1 Diabetes

TARGET BLOOD GLUCOSE RANGE:

MEDICATION:

ALLERGIES:

HISTORY:

INTERVENTIONS:

Observe closely for symptoms of high or low blood glucose (see Diabetes Emergency Plan below)

Student needs to check blood glucose level at all the following times:

- Before meals and snacks
- Before and after physical activity
- When feeling high, low or ill
- At the end of the school day

In addition to the above-mentioned times, Student also needs to check blood glucose any time he/she isn't feeling well. Blood glucose level may be checked in the classroom or in the health room.

Diabetic emergencies can come on quickly. **If student is not feeling well and is leaving the classroom** to check blood glucose level or to use the restroom, **student must be accompanied by a responsible student or adult.**

Prior to lunch: Student or trained personnel will check blood sugar and count the carbohydrates in the meal that will be eaten. Student or trained personnel will enter the carb count and blood sugar into the PDM. The PDM will calculate the correct insulin dose and student or trained personnel will verify and deliver.

DIABETES EMERGENCY MANAGEMENT PLAN

Signs of hypoglycemia (LOW BLOOD GLUCOSE):

<u>MILD</u>	<u>MODERATE</u>	<u>SEVERE</u>
Hunger	Mood/behavior change	Confused/unable to follow commands
Shaky/weak/clammy	Inattentive/spacey	Unable to swallow
Blurred vision	Slurred/garbled speech	Loss of consciousness
Dizzy/headache	Anxious/irritable	Seizure/convulsion
Tired/drowsy	Numbness around lips	
Fast hear rate	Poor coordination	
Pale skin tone	Unable to concentrate	
May be asymptomatic	Personality change	

TREATMENT OF LOW BLOOD GLUCOSE

FOR BLOOD GLUCOSE ≤ 70 :

1. Give 15 grams of carbohydrate (example: 4 glucose tablets, $\frac{1}{2}$ cup juice (juice box), $\frac{1}{2}$ cup regular soda)
2. Recheck blood glucose in 15 minutes
 - a. If blood glucose is 70 or above: resume normal school activities
 - b. If blood glucose remains less than 70: repeat 15 grams of carbohydrate
 - i. Recheck blood glucose in 15 minutes
 1. If blood glucose is 70 or above: resume normal school activities
 2. If blood glucose remains less than 70: repeat 15 grams of carbohydrate, notify parent and school nurse
3. **FOR BLOOD GLUCOSE ≤ 60 : give an additional 15 grams of carbohydrate (example: Juice AND a granola bar or 2 squares of graham cracker)**

FOR DETERIORATING LEVEL OF CONSCIOUSNESS BUT STILL ABLE TO SWALLOW:

1. Administer glucose gel (entire tube) slowly between cheek and gum line (maintain an open airway)
2. Gently massage outside of cheek to help medication absorption
3. Remain with student until he regains full consciousness
4. Recheck blood glucose in 15 minutes – follow steps above for blood glucose < 70 .
5. Contact parent/guardian and school nurse

FOR LOSS OF CONSCIOUSNESS, SEIZURE OR INABILITY TO SWALLOW:

1. Disconnect or suspend insulin pump
2. Call 9-1-1
3. Administer: Rescue Medicine: Med Name _____
Dose _____ Route _____
4. Remain with student
5. Maintain an open airway
6. Provide first aid as necessary
7. Contact parent/guardian and school nurse

Signs of Hyperglycemia (HIGH BLOOD GLUCOSE)

MILD

Frequent urination
Extreme thirst/dry mouth
Sweet, fruity breath
Tiredness/fatigue
Hunger
Flushed skin
Lack of concentration

MODERATE

Mild symptoms AND:
Nausea/Vomiting
Stomach pain/cramps
Dry/itchy skin
Unusual weight loss

SEVERE

Mild + Moderate symptoms AND:
Labored breathing
Weakness
Confusion
Unconsciousness

TREATMENT of HIGH BLOOD GLUCOSE

BLOOD GLUCOSE OVER 300:

1. Student or trained personnel will administer a correction bolus of insulin through his PDM.
2. Encourage student to drink water
3. Recheck blood sugar in 30 minutes.

BLOOD GLUCOSE OVER 400 (or over 350 with 2 checks spaced 30 minutes apart):

1. Call parent/guardian.
 Check for ketones or
 Student will not be checking for ketones at school but will be picked up by parent if needed.
2. Encourage rest and increased water intake for blood glucose over 400 or blood sugar persistently high.
3. Call School Nurse _____

STUDENT SHOULD NOT PARTICIPATE IN PHYSICAL ACTIVITY OR SPORTS IF:

Blood glucose is >300

Blood glucose is < 70

OUTCOMES:

1. Student will remain safe and healthy at school.
2. Symptoms of high or low blood glucose will be recognized and treated promptly.
3. Diabetes management will have a minimal impact on student's education and participation in school activities.

I have read and approve the above Diabetes Management Plan for this student.

Licensed Prescriber/Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Date Received in Health Services: _____