

**Spectrum Academy
Health Care Plan**

DIABETES

Student Name: _____

Date: _____

5. Does student need special considerations related to health concern while at school?

- A. Modified classroom
- B. Lunch room considerations (parent to notify lunch services)
- C. Modified PE class
- D. Modified outside activities
- E. Field Trips
- F. Seasonal changes
- G. Emotional or behavioral
- H. Other

6. **BLOOD GLUCOSE MONITORING:**

- A. Target range for blood glucose is:
 - a. 70 - 150
 - b. 70 - 180
 - c. Other: _____

- B. Times to do EXTRA blood glucose testing (check all that apply):
 - a. Before exercise
 - b. After exercise
 - c. When student exhibits symptoms of hyperglycemia
 - d. When student exhibits symptoms of hypoglycemia
 - e. Other (explain): _____
- C. Yes No Can student perform own blood glucose checks?

- D. Exceptions: _____

- E. Type of blood glucose meter used _____
- F. Yes No Student to bring own supplies for testing?
- G. Yes No Extra supplies to be kept at school?

7. **FOR STUDENTS USING PEN OR SYRINGE:**

- A. Type of Insulin: _____

- B. Insulin / Carbohydrate Ratio: _____

**Spectrum Academy
Health Care Plan**

DIABETES

Student Name: _____

Date: _____

- C. Insulin correction Factor: _____
- a. units of insulin if blood glucose is [] to [] mg/dl
 - b. units of insulin if blood glucose is [] to [] mg/dl
 - c. units of insulin if blood glucose is [] to [] mg/dl
 - d. units of insulin if blood glucose is [] to [] mg/dl
 - e. units of insulin if blood glucose is [] to [] mg/dl
- D. Yes No Can student calculate correct amount of insulin required for carbohydrate intake?
- E. Yes No Can student calculate correct amount of insulin required for correction?
- F. Yes No Can student draw up correct dose of insulin for injection?
- G. Yes No Can student give own injection?
- H. Yes No Parental authorization should be obtained before administering a correction dose for high blood glucose level?

8. FOR STUDENTS USING INSULIN PUMPS:

- A. Type of pump: _____
- B. Type of Insulin in pump: _____
- C. Type of Infusion set: _____
- D. Insulin / Carbohydrate Ratio: _____
- E. Correction Factor: _____
- F. Does student need assistance with:
- a. Yes No Counting carbohydrates
 - b. Yes No Bolus correct amount for carbohydrates consumed
 - c. Yes No Calculate and administer corrective bolus
 - d. Yes No Calculate and set basal profiles
 - e. Yes No Calculate and set temporary basal rate
 - f. Yes No Disconnecting pump
 - g. Yes No Reconnecting pump and infusion set
 - h. Yes No Preparing reservoir and tubing
 - i. Yes No Inserting infusion set
 - j. Yes No Troubleshooting alarms and malfunctions

**Spectrum Academy
Health Care Plan**

DIABETES

Student Name: _____

Date: _____

9. MEALS AND SNACKS EATEN AT SCHOOL

- A. Yes No Is student independent in carbohydrate calculations and management?
- B. Yes No Mid-morning snack?
- C. Yes No School lunch
- D. Yes No Home lunch
- E. Yes No Mid -afternoon snack
- F. Yes No Snack before exercise
- G. Yes No Change in blood glucose target range prior to exercise?
 - a. New blood glucose range? _____
- H. Yes No Snack after exercise?
- I. Other times to give snacks and content / amount:

J. Preferred snack foods:

- K. Yes No Snacks to be provided from home to be available if treats are given to students in class?

10. EXERCISE AND SPORTS

- A. A fasting-acting carbohydrate should be available at the site of exercise or sports. Such as:
- B. Restrictions on activity:
 - a. Student should **NOT** exercise if blood glucose level is
 - 1. ABOVE [] mg/dl
 - 2. BELOW [] mg/dl

**Spectrum Academy
Health Care Plan**

DIABETES

Student Name: _____

Date: _____

11. HYPOGLYCEMIA (LOW BLOOD SUGAR)

A. Usual symptoms of hypoglycemia:

- a. Never let student leave the classroom in hypoglycemia is suspected. Student must be accompanied and brought to nurse / front office.

B. Treatment for hypoglycemia:

- a. Each classroom should be supplied with emergency fast-acting carbohydrates to be administered if blood sugar level is below target range for blood glucose of _____.
- b. When attempting to give student liquids for low blood sugar make sure that student is in an upright, sitting position to prevent possibility of choking.

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

- a. Route: Rapid injection in deep muscle
- b. Dosage: One vial of reconstituted powder (sterile water added to powder and completely mixed)
- c. Site of injection
 - 1. Arm
 - 2. Outer thigh
 - 3. Other: _____
- d. If glucagon injection is required:
 - 1. Administer promptly
 - 2. Call 911
 - 3. Notify parent / guardian

12. HYPERGLYCEMIA (HIGH BLOOD SUGAR)

A. Usual symptoms of hyperglycemia:

B. Treatment for hyperglycemia:

- a. Allow student unlimited bathroom privileges and water to drink.

**Spectrum Academy
Health Care Plan**

DIABETES

Student Name: _____ **Date:** _____

13. SUPPLIES TO BE AVAILABLE AT SCHOOL

- | | | |
|---|---------------------------------------|------------------------------------|
| A. <input type="checkbox"/> Lancet device, lancets, gloves, etc. | <input type="checkbox"/> With student | <input type="checkbox"/> In office |
| B. <input type="checkbox"/> Blood glucose meter and testing strips | <input type="checkbox"/> With student | <input type="checkbox"/> In office |
| C. <input type="checkbox"/> Insulin pump and supplies | <input type="checkbox"/> With student | <input type="checkbox"/> In office |
| D. <input type="checkbox"/> Insulin pen, pen needles, insulin cartridges | <input type="checkbox"/> With student | <input type="checkbox"/> In office |
| E. <input type="checkbox"/> Syringes and vial of insulin (one day supply) | <input type="checkbox"/> With student | <input type="checkbox"/> In office |
| F. <input type="checkbox"/> Fast-acting source of glucose | <input type="checkbox"/> With student | <input type="checkbox"/> In office |
| G. <input type="checkbox"/> Carbohydrate containing snacks | <input type="checkbox"/> With student | <input type="checkbox"/> In office |
| H. <input type="checkbox"/> Glucagon emergency kit | <input type="checkbox"/> With student | <input type="checkbox"/> In office |

THIS DIABETES HEALTH CARE PLAN HAS BEEN APPROVED BY:

Student's Health Care Provider

Date

REVIEWED BY:

Parent / Guardian

Date

Parent / Guardian

Date

School Nurse

Date

School Principal

Date

**Spectrum Academy
Health Care Plan**

DIABETES

Student Name: _____

Date: _____

THE FOLLOWING FORMS MUST BE SIGNED AND ON FILE:

14. Student needing medication during school hours must complete the Spectrum Academy **Authorization of School Personnel to Administer Medication** form. This form must be on file in the school office / nursing station with medication.
 - A. According to Spectrum Academy Policy a responsible student may carry a one day's dose of medication and supplies on their person.
15. **Glucagon Authorization Form** - completed and signed by parent / guardian.
16. **Diabetic Student Agreement** - reviewed by school nurse with parent / guardian and student and signed by all parties.
17. **Diabetes Care Tasks Checklist** - completed and signed by parent / guardian.

AUTHORIZATION / INFORMED CONSENT / MEDICAL RELEASE

I have reviewed and am in agreement with the Health Care Plan and I authorize school officials to provide my child with health care services in accordance with this plan. I understand that my student's health information will need to be shared:

- A. To benefit the student in terms of health maintenance and academic progress.
- B. When necessary to accommodate the safety and well-being of student and staff.
- C. With the discretion of the school nurse to determine what is shared and who should know.

I understand that consent for sharing of health information will remain in effect as long as my student is enrolled in Spectrum Academy and may be revoked at any time in writing by parent / guardian.

I understand if clarification of the health information is needed, my signature authorized the school nurse to contact the medical provider and authorized the medical provider to release information.

Parent / Guardian Signature

Date