

# Newburyport Public Schools Diabetic Health Care Plan

Attach student  
picture here

**Student's Name:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

### Emergency Contacts:

**Parent/Guardian Name(s)**    **Home Phone**                      **Cell Phone**                      **Work Phone**

\_\_\_\_\_

\_\_\_\_\_

### Other Emergency Contact if parent/guardian is unavailable:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel. # \_\_\_\_\_

**Primary Care Provider:** \_\_\_\_\_ **Telephone#** \_\_\_\_\_

**Diabetes Care Provider:** \_\_\_\_\_ **Telephone#** \_\_\_\_\_

**Diabetes Type I**                       **Type II**                       **Year of Diagnosis** \_\_\_\_\_

### Blood Glucose Monitoring

#### Target glucose range

\_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl

#### Usual times for checking glucose (*check all that apply*)

- pre-meal
- 2 hours after meals
- when student exhibits symptoms of low blood glucose (hypoglycemia)
- pre-exercise/physical education
- when student exhibits symptoms of high blood glucose (hyperglycemia)
- post-exercise/physical education
- other \_\_\_\_\_

#### Student performs glucose check:

- independently
- w/supervision by trained personnel

Exceptions: \_\_\_\_\_

\_\_\_\_\_

### Insulin and Other Medications

#### Doctor's orders attached

#### Insulin delivery system:

- syringe                       pen                       pump (type) \_\_\_\_\_

#### Student performs insulin administration:

- independently                       w/supervision

Explanation of supervision: \_\_\_\_\_

\_\_\_\_\_

#### Times, types and dosage of insulin:

Time	Type	Dosage
_____	_____	_____ units
_____	_____	_____ units
_____	_____	_____ units

#### Insulin/carbohydrate ratio \_\_\_\_\_

Correction factor \_\_\_\_\_

(maybe rounded to nearest whole unit if using syringes.)

#### List other Medications:

Medication	Dose/Route	Time	Purpose
_____	_____	_____	_____
_____	_____	_____	_____

### Location of Supplies

**Nurse's Office    On child    Other**

Blood glucose meter / strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin Supplies / delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucagon emergency kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketone testing supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snack foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypoglycemia treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Newburyport Public Schools Diabetic Health Care Plan

## Low Blood Sugar (Hypoglycemia)

Blood glucose less than \_\_\_\_\_  
My child's reaction to low blood sugar is:  
\_\_\_\_\_

Treatment of hypoglycemia: \_\_\_\_\_

If student is unconscious, having a seizure or unable to swallow: **IMMEDIATELY** give injection of Glucagon IM (check one):

- 0.5mg       1.0mg

## High Blood Sugar (Hyperglycemia)

Blood glucose greater than \_\_\_\_\_  
My child's reaction to high blood sugar is  
\_\_\_\_\_

Treatment of hyperglycemia: \_\_\_\_\_

If blood sugar is above \_\_\_\_\_ check ketones

If my child's blood sugar is below \_\_\_\_\_ or above \_\_\_\_\_ he/she may not participate in sports activity

## For students on Insulin Pumps:

- Student has been trained to independently perform routine pump management including, but not limited to giving boluses, changing insulin infusion set and switching to injections should there be a pump malfunction.
- Non independent management
  - Pump calculates insulin dose
  - Insulin for meals and snacks will be given and verified as follows: \_\_\_\_\_
  - Insulin for correction of blood glucose over \_\_\_\_\_ will be given and verified as follows: \_\_\_\_\_

Contact the Parent for the following (check all that apply)

- Pump alarms/malfunctions
- Soreness/redness at site
- Detachment of dressing/infusion set out of place
- Leakage of insulin
- Student must give insulin injection
- Corrective measures don't return blood glucose to target range within \_\_\_ hrs
- Student has to change site
- Other \_\_\_\_\_

## Student Understanding of Diabetes Management

Is your child able to recognize symptoms of hyper/hypoglycemia?       Yes     No

Seek appropriate assistance?       Yes     No

Understands dietary regimen?       Yes follows appropriate diet independently  
 No needs supervision/reinforcement

Understands the balance of insulin, activity and exercise?       Yes     No

Can apply knowledge of diabetes independently       Yes     Needs assistance

Please explain: \_\_\_\_\_

I consent to have the school nurse or school personnel designated by the school nurse carry out the above plans. I give permission for the school nurse to share information and to complete staff training in order to carry out the above plans as she determines appropriate for my child's health and safety.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse's signature \_\_\_\_\_ Date \_\_\_\_\_ Staff training dates \_\_\_\_\_

**Notice:** Newburyport Public Schools is concerned with the safety and well being of all its children. During school hours a nurse is on duty to provide assessments, first aid, emergency care and medication administration. There is no nurse available during before-school and after-school programs and organized activities (e.g., sports, clubs). If an emergency arises, staff will activate the emergency medical system and the student will be transported to the nearest hospital. Note that after school personnel cannot deliver medical procedures or obtain or administer medications. Students with special health needs are encouraged to carry necessary items (e.g., inhalers, EpiPens) during these times. If your child requires specific assistance during an after school event please contact your child's school nurse for guidance.

## Newburyport Public Schools Diabetic Health Care Plan

### 504 Accommodations:

1. Each staff member will be informed about my child's condition by the school nurse and/or parent. The training of the staff will be conducted at the beginning of the school year.
2. All staff and personnel will be educated in meeting the needs of a diabetic student and recognize the signs of **hypoglycemia** (low blood sugar) and **hyperglycemia** (high blood sugar).
3. Each classroom (including the gymnasium) my child is in will be equipped with a safe area for juice boxes, drinks and other appropriate snacks for the treatment of hypoglycemia or hyperglycemia (small plastic box or container).
4. My child will be given a free pass to leave any class, at anytime, if he needs to check his/ her blood sugar, use the bathroom or needs a drink of water.
5. My child will be accompanied by a companion if he needs to go to the nurse's office when not feeling well. Staff will notify Nurse/Office that he is not feeling well and is on his way to the Health Office.
6. My child will test in the Health Office before lunch. All results must be recorded. He will be permitted to leave the classroom to test, without incidence. Homework and other assignments should be clarified before he exits the classroom.
7. It is the parents' responsibility to alert the Nurse/School if their child has been experiencing blood glucose results at home that are atypical.
8. The parents will alert the school nurse of any after school activities, so that she may instruct/ notify personnel of student's participation.
9. It is the parents' responsibility to notify the Nurse/School if medical treatment changes. The parents must inform the nurse on any new treatment, supplies or situations.
10. Medical supplies will be kept in the health office. It is the parent or caretakers responsibility to make sure that these supplies are plentiful and not expired. This may include: Blood Glucose Monitor, Test Strips, Lancing Device, Lancets, Ketone Strips, Insulin, Syringes, Inject-ease, Glucose Tablets, and any other equipment/food/drinks deemed necessary.
11. For Physical Education Class, my child will be given adequate time to test blood sugar and have a snack (if necessary) before class, without consequence.
12. If my child is unconscious and unable to eat, drink or swallow, he will need an injection of **Glucagon**. Specific instructions about the administration of Glucagon, an emergency treatment for severely low blood sugar, can be found in the Nurse's Office. If Glucagon is administered, immediately dial 911 and contact the parents.