DIABETES CARE PLAN (INJECTIONS)

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

STUDENT PHOTO

LAST NAME:	**FIRST NAME:**	**M.I.**	**Date of Birth:**

SCHOOL:	**SCHOOL FAX:**	**Grade:**

EFFECTIVE DATE: | **END DATE:** End of School year:

DIABETES HEALTHCARE PROVIDER INFORMATION

Name:

Phone #: | **Fax #:**

Monitor Blood Glucose – Check ... *(reference Hypo/Hyperglycemia treatment protocol for BG <70 and BG ≥250*

☐ If student has symptoms of high or low blood glucose

Breakfast: ☐ Before ☐ After Exercise/PE/gym/recess: ☐ Before ☐ After

Lunch: ☐ Before ☐ After ☐ Before leaving school

Snack: ☐ Before ☐ After ☐ Other: _____

Where to test: ☐ Classroom ☐ Health office ☐ Other: Any location to keep student safe.

☐ **Without moving student if has low blood glucose symptoms**

Continuous Glucose Monitoring: Type of CGM: _____

Student may use reading from CGM for: ☐ Insulin dosing ☐ End of day check ☐ Before activity check

Perform a finger stick: ☐ Blood glucose is rapidly changing when dosing insulin ☐ To confirm hypoglycemia

☐ Hyperglycemia >400 ☐ Calibrations ☐ Other: _____

Routine Daily Insulin Injection:

Insulin Delivery: ☐ Syringe/vial ☐ Pen ☐ Smart Pen

Insulin Type: ☐ rapid acting (Insulin Lispro/Insulin Aspart/FIASP) ☐ other: _____

BLOOD GLUCOSE CORRECTION

☒ USE THE FOLLOWING PARAMETERS TO CALCULATE CORRECTION DOSE

Target blood glucose: _____ mg/dL **Insulin sensitivity factor:**_____

(Current Blood Glucose – Target Blood Glucose) / Insulin Sensitivity Factor = _____ Units of insulin

When to give correctional insulin:

☐ Before breakfast ☐ Before lunch ☐ Other: _____

☐ All BG/SG results to be entered into the Smart Pen to determine dosing.

Do not give correction dose more than once every 3 hours.

☐ Use Correction Scale

Glucose Range	Insulin Units
mg/dL	
mg/dL	
mg/dL	
mg/dL	
mg/dL	
mg/dL	
mg/dL	

CARBOHYDRATE COVERAGE

Bolus Meal Insulin: ☐ Before eating or ☐ After eating

☐ If BG <70 before a meal, treat with carbohydrate per Hypoglycemia Treatment Protocol.

☐ USE THE FOLLOWING PARAMETERS TO CALCULATE CARBOHYDRATE COVERAGE DOSE

BREAKFAST 1 unit of insulin per _____ grams of carbohydrate

LUNCH 1 unit of insulin per _____ grams of carbohydrate

AM SNACK 1 unit of insulin per _____ grams of carbohydrate

PM SNACK 1 unit of insulin per _____ grams of carbohydrate

Total Gram of Carbohydrate to Be Eaten / Insulin-to-Carbohydrate Ratio = _____ Units of Insulin

When to give carbohydrate coverage insulin:

☐ All carbohydrate intake ☐ Breakfast ☐ Lunch ☐ Snack ☐ Other: _____

MEALTIME TOTAL INSULIN DOSE				
Blood Glucose Correction + Carbohydrate Coverage= Insulin Dose Round doses to the nearest: ☐ Half unit ☐ Whole unit				
MEDICATION	**FREQUENCY**	**DOSE**	**ROUTE**	**NOTES**
☐ Tresiba ☐ Insulin Glargine	Once daily at _____	_____ units	Subcutaneous	☐ Injection to be witnessed or performed by the school nurse or trained staff. ☐ Given at home.
☐ PRN Baqsimi*	PRN Severe Hypoglycemia	☐ 3 mg	Intranasal	
☐ PRN Glucagon*	PRN Severe Hypoglycemia	☐ 1 mg ☐ 0.5 mg	IM or SC injection	Administration sites include the buttocks, arm, or thigh.
☐ PRN Gvoke*	PRN Severe Hypoglycemia	☐ 1 mg ☐ 0.5 mg	IM or SC injection	Administration sites include the buttocks, arm, or thigh.

*** You may use either Baqsimi, Glucagon or Gvoke to treat severe hypoglycemia. You would not use both in a single event. ***

Exercise and Sports

- A quick-acting source of glucose such as glucose tabs or sugar-containing juice should be available at the site of physical activity or sports.
- Do not exercise with moderate to large ketones per the Hyperglycemia Treatment Protocol.

☐ Student should monitor blood glucose hourly.

☐ Student should eat _____ grams of carbohydrates:
☐ Before ☐ Every 30 minutes during ☐ Every 60 minutes during ☐ After vigorous activity

☐ If pre-exercise blood glucose is less than_____ **mg/dL**, student can participate in physical activity once blood glucose is corrected and above_____ **mg/dL on CGM and trending up OR blood glucose >_____**.

☐ If pre-exercise blood glucose is less than _____ **mg/dL**, student can participate in physical activity once they consume a **5-10 OR 10-15 gram** snack with protein.

☐ If student is to exercise right after a meal, student should subtract _____ gm from the carbohydrate count.

Parent/Guardian Authority to Adjust Insulin Dose
Dose adjustment allowed up to 20 % higher or lower ☐ Yes ☐ No

HCP Assessment of Student's Diabetes Management Skills

Skill	Independent	Needs Supervision *	Cannot Do	Notes
Check blood glucose	☐	☐	☐	
Count carbohydrates	☐	☐	☐	
Calculate insulin dose	☐	☐	☐	
Injection	☐	☐	☐	
Troubleshoot CGM alarms	☐	☐	☐	

*The RN or other trained staff are expected to observe for accuracy & completion of the skill if "needs supervision"

- ***For blood glucose ≥250 mg/dL, repeat blood glucose check in 2 hours. If blood glucose remains ≥ 250 mg/dL, check urine ketones and refer to the Hyperglycemia Treatment Protocol.***
- ***Check ketones with signs of illness including abdominal pain, upset stomach and vomiting.***
- ***For blood glucose less than 70 mg/dL, refer to the Hypoglycemia Treatment Protocol***

☐ Please allow student to always have their cellphone with them during school for blood glucose monitoring.

Other health concerns:

Notes:

HEALTHCARE PROVIDER: **Electronically signed or signed by:**	**Date:**
Student:	**Allergies:**

DIABETES CARE PLAN (PUMP)
Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

STUDENT PHOTO

LAST NAME:	**FIRST NAME:**	**M.I.**	**Date of Birth:**

SCHOOL:	**SCHOOL FAX:**	**Grade:**

EFFECTIVE DATE: | **End Date:** End of school year:

DIABETES HEALTHCARE PROVIDER INFORMATION
Name:
Phone Number: | **Fax Number:**

Monitor Blood Glucose – test ... *(reference Hypo/Hyperglycemia treatment protocol for BG <70 and BG ≥250*
☐ If student has symptoms of high or low blood glucose
Breakfast: ☐ Before ☐ After
Lunch: ☐ Before ☐ After
Snack: ☐ Before ☐ After
Exercise/PE/gym/recess: ☐ Before ☐ After
☐ Before leaving school
☐ Other: Any other location to keep student safe.
Where to test: ☐ Classroom ☐ Health office ☐ Other: Any other locations to keep student safe.
☐ **Without moving student if has low blood glucose symptoms**
Continuous Glucose Monitoring: Type of CGM: _____
Student may use reading from CGM for: ☐ Insulin dosing ☐ End of day check ☐Before activity check
Perform a finger stick: ☐ Blood glucose is rapidly changing when dosing insulin ☐ To confirm hypoglycemia
☐ Hyperglycemia >400 ☐ Calibrations ☐ Other: _____

Insulin Pump Information: Type of pump: _____
Insulin Type: ☐ Rapid-acting (Insulin Lispro/Insulin Aspart/FIASP) ☐ Other: _____
Basal rates during school: See insulin pump as rates may vary
Verify pump for: ☐ Automode ☐ Basal IQ ☐ Control IQ ☐ Suspend Before Low ☐ Other:_____
☐ Insulin dosing per pump recommendations

BLOOD GLUCOSE CORRECTION

☒ USE THE FOLLOWING PARAMETERS TO CALCULATE CORRECTION DOSE
PLEASE refer to the attached pump setting adjustments
Target blood glucose: _____ mg/dL* **Insulin sensitivity factor:** _____
***Correct above _____ mg/dL**

(Current Blood Glucose – Target Blood Glucose) = _____ Units of insulin
Insulin Sensitivity factor

When to give correctional insulin: ☐ Before breakfast ☐ Before lunch ☐ Per pump ☐ Other: _____
☐ All BG/SG results to be entered into pump to determine bolus dose.
Do not give correction dose more than once every 3 hours.

CARBOHYDRATE COVERAGE

☐ If BG <70 before a meal, treat with carbohydrate per the Hypoglycemia Treatment Protocol.
Meal Insulin: ☐ Before eating ☐ After eating
☐ USE THE FOLLOWING PARAMETERS TO CALCULATE CARBOHYDRATE COVERAGE DOSE
Time: _____ 1 unit of insulin per _____ grams of carbohydrate
Time: _____ 1 unit of insulin per _____ grams of carbohydrate
Time: _____ 1 unit of insulin per _____ grams of carbohydrate
Time: _____ 1 unit of insulin per _____ grams of carbohydrate

Total Gram of Carbohydrate to Be Eaten = _____ Units of insulin
Insulin-to-Carbohydrate Ratio

When to give carbohydrate coverage insulin:
☐ With all carbohydrate intake ☐ Breakfast ☐ Lunch ☐ Snack ☐ Special Occasions ☐ Other: per pump

OTHER MEDICATIONS				
MEDICATION	**FREQUENCY**	**DOSE**	**ROUTE**	**NOTES**
☐ Tresiba ☐ Insulin glargine	Daily at _____	_____ units	Subcutaneous	☐ Injection to be witnessed or performed by the school nurse or trained staff. ☐ Given at home.
☐ PRN Baqsimi*	PRN Severe Hypoglycemia	☐ 3 mg	Intranasal	
☐ PRN Glucagon*	PRN Severe Hypoglycemia	☐ 1 mg ☐ 0.5 mg	IM or Sub-Q injection	Administration sites include the buttocks, arm, or thigh.
☐ PRN Gvoke*	PRN Severe Hypoglycemia	☐ 1 mg ☐ 0.5 mg	IM or Sub-Q injection	Administration sites include the buttocks, arm, or thigh.

*** You may use either Baqsimi, Glucagon or Gvoke to treat severe hypoglycemia. You would not use both in a single event.**

Exercise and Sports with Pump

- A quick-acting source of glucose such as glucose tabs or sugar-containing juice should be available at the site of physical activity or sports.
- Do not exercise with moderate to large ketones per the Hyperglycemia Treatment Protocol.

☐ Temp Basal Decrease: ☐ (_____% or _____units for _____ minutes) ☐ duration of exercise

☐ Activate Temp Target: ☐ Duration of exercise ☐ Start_____ minutes before ☐ End _____ minutes after exercise.

☐ May disconnect from the pump for exercise to last no more than 2 hours.

☐ Student should monitor blood glucose hourly. If the student feels symptomatic during exercise.

☐ Student should eat _____ grams of carbohydrates:
☐ Before ☐ Every 30 minutes during ☐ Every 60 minutes during ☐ After vigorous activity

☐ If pre-exercise blood glucose is less than _____ **mg/dL**, student can participate in physical activity once blood glucose is corrected and above _____ **mg/dL on CGM and trending up**. Or Blood glucose >_____

☐ If pre-exercise blood glucose is less than **_____ mg/dL**, student can participate in physical activity once they consume a **5-10 OR 10-15 gram** snack with protein.

☐ If student is to exercise right after a meal, student should subtract _____ gm from the carbohydrate count.

Parent/Guardian Authority to Adjust Insulin Dose

Dose adjustment allowed up to 20 % higher or lower ☐ Yes ☐ No

Pump settings should not be changed by school staff (unless under direction of diabetes doctor).

☐ Place pump on suspend when blood glucose is less than **70** mg/dl and re-activate it when blood glucose is at least **85** mg/dl on CGM and trending up. (Do not override auto mode/basal IQ)

If infusion set comes out or needs to be changed:

☐ Change set at school Or ☐ Insulin via syringe every 3 hours

HCP Assessment of Student's Diabetes Management Skills

Skill	Independent	Needs Supervision *	Cannot Do	Notes
Check blood glucose	☐	☐	☐	
Count carbohydrates	☐	☐	☐	
Calculate insulin dose	☐	☐	☐	
Injection	☐	☐	☐	
Troubleshoot CGM alarms	☐	☐	☐	
Set Temp basal/Temp target	☐	☐	☐	
Change infusion set	☐	☐	☐	

*The RN or other trained staff are expected to observe for accuracy & completion of the skill if "needs supervision"

- For blood glucose ≥250 mg/dL, repeat blood glucose check in 2 hours. If blood glucose remains ≥ 250 mg/dL, check urine ketones and refer to the Hyperglycemia Treatment Protocol.

- Check ketones with signs of illness including abdominal pain, upset stomach and vomiting.

- For blood glucose less than 70 mg/dL, refer to the Hypoglycemia Treatment Protocol

☐ Please allow student to always have their cellphone with them during school for blood glucose monitoring.

Notes:

HEALTHCARE PROVIDER
Electronically signed or signed by:

Date:

Student:

Allergies:

STUDENT'S NAME:

HEALTH FORM 104-105 A2

ALGORITHMS FOR BLOOD GLUCOSE RESULTS

Student's usual LOW blood glucose symptoms:

_ Shaky or jittery
_ Sweaty
_ Hungry
_ Pale
_ Headache
_ Blurry vision
_ Sleepy
_ Dizzy
_ Uncoordinated
_ Irritable, nervous
_ Argumentative
_ Combative
_ Changed personality
_ Changed behavior
_ Unable to concentrate
_ Weak, lethargic

Student's usual HIGH blood glucose symptoms:

Hyperglycemia
_ Increased thirst, dry mouth
_ Frequent or increased urination
_ Change in appetite, nausea
_ Blurry vision
_ Fatigue
Other

Emergency levels
_ Extreme thirst
_ Nausea, vomiting
_ Severe abdominal pain
_ Fruity breath
_ Heavy breathing, shortness of breath
_ Increasing sleepiness, lethargy

CHECK BLOOD GLUCOSE

BELOW 70

1. Give 15 gm fast-acting carbohydrate without insulin coverage.
2. Observe for 15 minutes then retest blood glucose.
   a. If less than 70, repeat 15 gm carbohydrate and retest in 15 min.
   b. If over 70 and not eating a meal within an hour, give carbohydrate and protein snack without insulin coverage.
3. Notify school nurse and parent if no improvement
4. Student should not exercise.

CALL 911 if student becomes unconscious, has seizures, or is unable to swallow

- Turn student on side to ensure open airway
- Give glucagon as ordered. Keep student in recovery position on side.
- If on insulin pump, either place it in 'suspend' or stop mode, disconnect it at the pigtail or clip, or cut tubing. If pump was removed, send it with EMS to the hospital.
- Notify school nurse, parent and HCP
- Wait 15 minutes; if no response, repeat glucagon.
  - If responsive, offer juice. Wait 15 minutes and give protein & carbohydrate snack.

70 – 90

1. If prior to exercise or immediately following strenuous activity and **NO** meal/snack is planned within 30 minutes, give 15 gm carbohydrate and protein snack.
2. If **NOT** exercise-related and student is *symptomatic*, observe and recheck in 15 minutes.
3. If **NOT** exercise-related and is **NOT** symptomatic, return to class.

15 GM **FAST-ACTING** CARBOHYDRATE =

- ½ c. juice
- 3-4 glucose tablets
- Tube of glucose **gel**
- ½ c. regular (not diet) soda
- 6-7 small sugar candies (to chew)
- 1 c. skim milk

Do not give chocolate

91-125

Student may eat before exercising or recess.

126-250

No action needed.

STUDENT TREATED BY **INJECTION**

1. Use correction scale or formula at lunch or every 2-3 hours
2. Check ketones if symptoms or if blood glucose>250 twice in a row:
   a. If ketones are *absent or small*, encourage exercise and water
   b. If ketones moderate or large:
      - No exercise; give water
      - Add units of insulin per orders
3. Notify school nurse and parent
4. **Provide free, unrestricted access to water and the restroom.**

ABOVE 250

STUDENT TREATED BY **PUMP**

1. If 2-3 hours since last bolus, treat with correction bolus via pump. Re-check in 2- 3 hrs. Trouble shoot pump function.
   - Check for redness at site, tubing for kinks or air bubble, insulin supply
2. If blood glucose still ≥ 250 mg/dl and not explained, check ketones:
   a. If ketones are *absent or small,* encourage exercise and water
   b. If ketones moderate or large:
   - Give insulin correction dose per orders **via syringe**.
   - No exercise; encourage water
3. Change infusion set or continue insulin injections every 2-3 hours via syringe.
4. Notify school nurse and parent
5. **Provide free, unrestricted access to water and the restroom.**

CALL 911 if the student vomits, becomes lethargic and/or has labored breathing.
Notify school nurse, parent and HCP.

EXERCISE AND SPORTS

✓ Assure has quick access to water for hydration, fast-acting carbohydrates, snacks and monitoring equipment.
✓ Student should not exercise if blood glucose level is below 70 mg/dl or if has moderate to large ketones.

Never send a child with suspected low blood glucose *anywhere* alone.

INDIVIDUALIZED HEALTHCARE PLAN - DIABETES SCHOOL AND PARENT PART

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Student's photo

STUDENT'S NAME: | **PLAN EFFECTIVE DATE:**

Diabetes information Date of Diagnosis:

☐ Diabetes Type 1 ☐ Diabetes Type 2 ☐ Other

SCHOOL INFORMATION

Grade: *Teacher:* *504 plan on file:* ☐ Yes ☐ No

CONTACT INFORMATION:

Parent/Guardian 1:	Name			Call first ☐
Phone numbers:	Home	Work	Cell	Other
Parent/Guardian 2:	Name			Call first ☐
Phone numbers:	Home	Work	Cell	Other
Other/emergency:	Name:		Relationship:	
Phone numbers:	Home	Work	Cell	Other

Additional Times to Contact Parent...

Student treated by **injection**
- ☐ Blood Glucose test out of target range
- ☐ Routine Daily Insulin injections
- ☐ Correction dose

Student treated by **pump**:
- ☐ Blood Glucose test out of target range
- ☐ Carbohydrate bolus
- ☐ Correction bolus
- ☐ Infusion set comes out/needs to be replaced

STUDENT DIABETES SELF-MANAGEMENT PLAN

Student will manage diabetes independently

☐ **Student has signed** *Agreement for Student Independently Managing Diabetes*

Trained staff will supervise student self-care
- ☐ Verify blood glucose test
- ☐ Check carbohydrate count
- ☐ Confirm dose
- ☐ Supervise insulin self-injection
- ☐ Monitor bolus administration
- ☐ Trouble shoot pump alarms, malfunction
- ☐ Watch infusion set change

Trained staff will provide care
- ☐ Test blood glucose
- ☐ Count carbohydrates
- ☐ Calculate insulin dose and inject as above
- ☐ Provide insulin injection
- ☐ Administer bolus
- ☐ Trouble shoot pump alarms, malfunction
- ☐ Change infusion set

FOOD PLAN	Time	Notes	Monitor/Remind Student	
			Yes	No
Breakfast				
Morning snack				
Lunch				
Afternoon snack				
Extra snack Before exercise				
After exercise				

Food at a classroom/school party:
- ☐ Student will eat treat
- ☐ Replace the treat with a parent-supplied alternative.
- ☐ Put in baggie to take home with teacher note
- ☐ Student should not eat treat
- ☐ Modify the treat as follows: _____

BUS TRANSPORTATION PLAN

Bus transportation: ☐ To school ☐ Home

☐ Test blood 10-20 minutes before boarding school bus home. **Student must have blood glucose > 70 mg/dl to board bus**; if ≤ 70, provide care based on algorithm and call to have student picked up.

☐ Blood test not required.

☐ Student may test blood glucose and self-manage diabetes while on the bus.

FIELD TRIPS

☒ **School nurse to be notified two weeks before the field trip to assure qualified personnel are available.**

☐ All diabetes supplies are taken and care is provided according to this Plan (copy to accompany trip).

☐ Lunch and snack times should not change.

SCHEDULED AFTER- OR BEFORE-SCHOOL ACTIVITIES List of clubs, sports, etc. that student anticipates:

If parent wants trained staff coverage for an activity, parent will notify school nurse two weeks before it begins

ADDITIONAL NOTES

STUDENT'S NAME: | **PLAN EFFECTIVE DATE:**

SUPPLY LIST

❒ Means student uses this item **AND** parent will provide.

☐ *Blood Glucose Test Kit*

- ☐ Meter
- ☐ Test strips
- ☐ Lancing device and lancet
- ☐ Sharps container
- ☐ Anti-bacterial cleaner/alcohol swabs
- ☐ cotton balls
- ☐ spot band-aids

Glucose meter brand/model:

☐ *Insulin*

Treatment by Injection

- ☐ Insulin pen
- ☐ Pre-filled syringes (labeled per dose)
- ☐ Insulin vials and syringes

Treatment by Pump

- ☐ Pump syringe
- ☐ Pump tubing/needle
- ☐ Batteries
- ☐ Tape
- ☐ Sof-serter
- ☐ Insulin vial and syringes

Infusion set type: _____

Pump type

- ☐ Medtronic MiniMed www.minimed.com (800) 826-2099
- ☐ Animas www.animas.com (877) 767-7373
- ☐ Omnipod www.myomnipod.com (800) 591-3455

☐ *Low Blood Glucose (5-day supply)*

- ☐ Fast-acting carbohydrate drink (apple juice, orange juice, regular soda pop – NOT diet), ≥ 6 containers
- ☐ Pre-packaged snacks (e.g., crackers with cheese or peanut butter, nite bite), ≥ 5 servings
- ☐ Supply of fast-acting glucose at least equal to 15 gm per day for 5 days (e.g., ≥ 75 gm total)

☐ *Glucagon Kit*

☐ *High Blood Glucose*

- ☐ Urine ketone test strips/bottle
- ☐ Urine cup
- ☐ Water bottle

(Timing device may be wall clock or watch)

☐ *3-day Disaster Kit*

- ☐ Complete daily insulin dose schedule (separate page)
- ☐ Blood glucose test kit (testing strips, lancing device, lancets, meter batteries)
- ☐ Vial of insulin and 6 syringes; insulin pens and supplies
- ☐ Insulin pump and pump supplies
- ☐ Hypoglycemia treatment supplies, ≥ 3 episodes
- ☐ Other medications, including glucagon kit
- ☐ Urine ketone strips/plastic cup
- ☐ Antiseptic wipes or hand sanitizer
- ☐ 3-day food supply with meal plan
- ☐ Other:

☐ *Other*

SUPPLY LOCATIONS

	With student	In classroom	In health office	Other		With student	In classroom	In health office	Other
Daily breakfast, snacks and lunch					Blood glucose test kit Extra kit				
Extra snacks					Pump supplies				
Low blood glucose supplies					Insulin Daily use Extra/emergency				
High blood glucose supplies					Disaster Disaster food				
Other									

SIGNATURES

As parent/guardian of the above-named student, I give permission for the school nurse and/or other trained staff of _____ (school) to perform and carry out the diabetes care tasks as outlined in this Individualized Healthcare Plan.

- ○ I have reviewed this plan and agree with the indicated instructions. I understand that the school is not responsible for equipment loss or damage, or expenses associated with these treatments and procedures.
- ○ I understand that the information contained in this plan will be shared with other school staff on a need-to-know basis.
- ○ I understand that the school nurse may contact my child's physician/health care provider and discuss my child's care related to this plan.
- ○ I will notify the school nurse whenever there is any change in my child's health status or care.
- ○ My child and I are responsible for maintaining the necessary supplies, snacks, blood glucose meter, medications and other equipment.

_____ _____

Student's parent/guardian Date | Student's parent/guardian Date

_____ _____

School nurse Date

Created by the Alaska Division of Public Health and the American Diabetes Association, Alaska Area Revised 8-2016

AGREEMENT FOR STUDENTS INDEPENDENTLY MANAGING THEIR DIABETES

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Student: _____ Grade: _____

Student

☐ I agree to dispose of any sharps either by keeping them in my kit and taking them home, or placing them in the sharps container provided at school.

☐ If so indicated in my Individualized Healthcare Plan, I will notify the health office if my blood sugar is below _____ mg/dl or above _____ mg/dl.

☐ I will not allow any other person to use my diabetes supplies.

☐ I plan to keep my diabetes supplies:

- ☐ With me
- ☐ In the school health office
- ☐ In an accessible and secure location (_____)

☐ I will seek help in managing my diabetes from _____ if I need it.

☐ I understand that the freedom to manage my diabetes independently is a privilege and I agree to abide by this contract.

Student's signature: _____ Date: _____

Parent/Guardian

☐ I agree that my child can self-manage his/her diabetes and can recognize when he/she needs to seek help from a staff member.

☐ I authorize my child to carry and self-administer diabetes medications and management supplies and I agree to release the school district and school personnel from all claims of liability if my child suffers any adverse reactions from self-management or storage of diabetes medications and blood glucose management products.

☐ I will provide back-up supplies to the health office for emergencies.

☐ I understand that this contract is in effect for the current school year unless revoked by my son/daughter's physician or my son/daughter fails to meet the above safety guidelines.

Parent's signature: _____ Date: _____

School nurse

☐ I will assure that school staff members that have the need to know about the student's condition and the need to carry their diabetes supplies with them have been notified.

School Nurse's signature: _____ Date: _____

Based on a form posted on the Colorado Kids with Diabetes website (http://www.coloradokidswithdiabetes.org/index.php/Nurse- Files.html)

Created by the Alaska Division of Public Health and the American Diabetes Association, Alaska Area Revised 8-2016

ALASKA INDIVIDUALIZED HEALTHCARE PLAN – DIABETES WITH INJECTION OR WITH PUMP

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Instructions

Purposes:
This healthcare plan is for all students with diabetes that monitor blood glucose at school and/or are on insulin or other hypoglycemic medication and/or have a glucagon prescription.

1. Healthcare providers should use it to prescribe a particular treatment regimen including medication(s) for school (HEALTHCARE PROVIDER ORDERS pages)
   a. It documents the ability level of the student to self-manage their diabetes.
   b. It provides the medical parameters for management of an individual student's diabetes in the school setting.
2. It describes the standard of care for school staff to follow based on blood glucose test results and is the *Emergency Care Plan* for students with diabetes. (ALGORITHMS FOR BLOOD GLUCOSE RESULTS page) NOTE: The standard of care represents the care to follow in most cases; any individualization of clinical care for the student will be reflected in the HEALTHCARE PROVIDER ORDERS.
3. School nurses and parents should use it to plan and implement individualized health interventions in the school setting, based on the Healthcare Provider Orders page. (SCHOOL AND PARENT PART pages)
   a. To support quality assurance of school health services.
   b. To document parental wishes for diabetes management-related contact by school staff.
   c. To document diabetes supplies needed at school, their locations and parental responsibility for maintaining certain supplies at school.
   d. To facilitate a safe process for the delegation of diabetes-management tasks to trained unlicensed school staff, as needed.

While current, this form should be kept in the school health office or with the staff member who is assisting with the health management of the student.

Process:

1. Healthcare provider completes either the WITH INJECTION or the WITH PUMP page of the form to describe anticipated medications/treatment needs for the entire school year, and sends it to the school nurse (if known) and/or the student's parent to bring into the school.
   a. If medications and/or treatment change during the school year, a new form should be completed. Fax only the page with new orders to the school.
   b. Most categories are self-explanatory. On either form, check all boxes that apply and add information as appropriate.
      DIABETES WITH INJECTION notes:
      - In the *Routine Daily Insulin Injection* box, there are three options for Type. NPH and Lantis are examples of "other." The relevant doses/times for these injections would be listed in the "Standard daily insulin injection" table.
      - Instructions in the *Correction insulin dose for high blood glucose* box are for a routine day as correction dosing is generally given at mealtime, which means that:
        - Action directed by the algorithm page supersedes "before lunch only" when it is checked because it is based on the student's symptoms and blood glucose levels.

Created by the Alaska Division of Public Health and the American Diabetes Association, Alaska Area

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

- The "Do not give insulin correction dosing more often than every 2 to 3 hours" statement applies to symptomatic treatment based on blood glucose levels in most instances.

- In the *Parent/Guardian Authority to Adjust Insulin Dose* box, parental authority to adjust the dose up to 20%higher or lower allows the parent to recommend dose adjustments to the nurse which the nurse could follow without contacting the health care provider **if the dose is within 20% of the range ordered by the provider**. If the dose recommended by the parent falls outside of the range, either higher or lower, the nurse would need to contact the health care provider to verify the dose.

c. Healthcare provider signs and dates the WITH INJECTION or WITH PUMP page and faxes or sends the orders to the school.

2. While meeting with the school nurse, the parent uses the boxes at the top of the ALGORITHMS page to indicate which of the symptoms of low and high blood sugar generally occur for their child.

3. Together, the school nurse, parent and the student, if student is self-managing his/her diabetes, complete the SCHOOL AND PARENT PART of the form.

   a. Most categories are self-explanatory. Check all boxes that apply and add information as appropriate.
      - In the *Student Diabetes Self-Management Plan* box:
        - The repeated skills list (from the healthcare provider section) allows parent input and school nurse assessment of the student skill level and the level of supervision or assistance needed. If the student skill level increases during the school year, this section allows the school nurse and parent to adjust the self-management plan accordingly.
        - "Trained staff" (right-side column) in this instance includes the school nurse.
        - For "Change infusion set" under "Trained staff will provide care", the school nurse is typically **the only** trained staff changing the infusion set for a student on a pump. Add this comment when needed.
      - The SUPPLY LIST is intended to promote best practice. Generally, it should be interpreted by the nurse and the parent as a guide.
      - If the parent is unable to provide urine ketone test strips, contact the American Diabetes Association (907 272-1424). They will send some.

   b. Parents and School Nurse sign and date the SCHOOL AND PARENT PART. If student will be self-managing, student signs the STUDENT SELF-MANAGEMENT AGREEMENT.

   c. Update as needed and/or on a yearly basis.

4. File the entire document with student's health record at the end of the year or upon student withdrawal.

Created by the Alaska Division of Public Health and the American Diabetes Association, Alaska Area