

Carver Public Schools – Diabetes Health Care Plan

Student Name: _____

Date of Birth: _____

Effective Date: _____

Grade & Teacher: _____

Significant medical history: _____

Emergency Contact Info

Parent/Guardian: _____ Phone: _____ Cell: _____

Treating Physician: _____ Phone: _____

Blood Glucose Monitoring

Where to check blood glucose:

- Health Office
- Classroom
- Other

Student Self-Care Skills:

- Independent
- Supervision
- Full Assistance

When to check blood glucose:

- Before Snack
- Before Lunch
- Before PE
- After PE
- Before Dismissal
- As Needed
- Other: _____

Symptoms of Hypoglycemia (Low Blood Sugar)

- Shaky or Sweaty
- Hungry
- Pale
- Headache, Blurry Vision, or Dizzy
- Confused or Disoriented
- Uncoordinated
- Irritable or Nervous
- Argumentative or Combative
- Change in Personality or Behavior
- Inability to Concentrate
- Weak or Lethargic
- Other: _____

Symptoms of Hyperglycemia (High Blood Sugar)

- Increased thirst and/or dry mouth
- Frequent or increased urination
- Change in appetite
- Nausea
- Blurry Vision
- Fatigue

If child is experiencing any of these symptoms, send to the health office. Always send an escort with the child.

Blood glucose will be checked and if necessary treated by nurse per MD orders.

Students participating in before or after school activities or athletics must have testing supplies and a source of fast-acting glucose available at all times.

If most recent blood glucose is less than _____ mg/dL, students may not participate in physical activity until blood glucose is corrected and above _____ mg/dL. A parent must be notified of the low blood sugar by a supervising adult.

Parent Signature: _____

Date: _____

School Nurse Signature: _____

Date: _____

Teacher Signature: _____

Date: _____

Diabetes Management

Type of Insulin: _____

Insulin delivery device: syringe insulin pen insulin pump

Carbohydrate Coverage: Insulin-to-Carb Ratio:

Snack: 1 unit of insulin per _____ grams of carbohydrate

Lunch: 1 unit of insulin per _____ grams of carbohydrate

Target Blood Glucose: _____ mg/dL

Correction Factor: _____

Snack: No coverage for snack Carbohydrate coverage only Carbohydrate coverage **plus** correction

Lunch: No coverage for snack Carbohydrate coverage only Carbohydrate coverage **plus** correction

Carbohydrate Dose Calculation Example

Grams of carbs in meal/Insulin to carb ratio =
_____ Units of Insulin

Correction Dose Calculation Example

Actual Blood Glucose/Correction Factor =
_____ Units of Insulin

Is student on a sliding scale: Yes No

If yes: Blood glucose _____ to _____ mg/dL give _____ units
 Blood glucose _____ to _____ mg/dL give _____ units
 Blood glucose _____ to _____ mg/dL give _____ units
 Blood glucose _____ to _____ mg/dL give _____ units

Check Ketones: Urine Blood

When blood glucose levels are above _____

If the student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions:

Give Glucagon: 1 mg 0.5 mg Route: SC IM

Call 911

Call Parent/Guardian

Student's Health Care Provider should be contacted by parent/guardian