

<b>DIABETES - Individualized Healthcare Plan</b>				School Year:	Picture
<b>Utah Department of Health</b>					
<b>STUDENT INFORMATION</b>					
<b>Student:</b>	<b>DOB:</b>	<b>Grade:</b>	<b>School:</b>	<b>DMMO</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Parent:</b>	<b>Phone:</b>		<b>Email:</b>		
<b>Physician:</b>	<b>Phone:</b>	<b>Fax or Email:</b>			
<b>School Nurse:</b>	<b>School Phone:</b>	<b>Fax or Email:</b>			
<input type="checkbox"/> <b>Type I</b>	<input type="checkbox"/> <b>Type II</b>	<b>Age at diagnosis:</b>			
<b>BLOOD GLUCOSE MONITORING</b>					
<input type="checkbox"/> Student is independent <input type="checkbox"/> Student needs assistance <input type="checkbox"/> Student needs supervision <input type="checkbox"/> Student has a Continuous Glucose Monitoring System (CGMS readings are for trends only, ALWAYS verify with blood glucose before any dosing, unless using Dexcom G5 – must have parent signature on DMMO)					
<b>Always test if student is showing signs/symptoms of high or low blood glucose!</b>					
<b>INSULIN DELIVERY</b> (per instructions from PCH, correction doses can be given at mealtime only, unless on a pump)					
Method of insulin delivery: <input type="checkbox"/> Pump <input type="checkbox"/> Insulin Pen <input type="checkbox"/> Syringe/vial		<input type="checkbox"/> Student is independent <input type="checkbox"/> Student needs supervision <input type="checkbox"/> Student needs assistance (attach training documentation if applicable)			
High Blood Glucose Correction Dose for <b>PUMP</b> only: If BG over _____ mg/dl, give correction per pump calculation					
<b>Lunch:</b> Student will typically eat:		<input type="checkbox"/> School Lunch (staff can help with carb counts) <input type="checkbox"/> Home Lunch (parent must provide carb counts)			
<b>HYPO</b> glycemia-Low Blood Glucose		<b>HYPER</b> glycemia-High Blood Glucose		<b>ADDITIONAL INFORMATION</b>	
<p><b>Emergency situations may occur with low blood sugar!</b></p> <p><u>Symptoms:</u> shaky, feels low, feels hungry, confused, other (specify):</p> <input type="checkbox"/> Student needs treatment when blood glucose is below _____ mg/dl or if symptomatic <input type="checkbox"/> If treated outside the classroom, a responsible person MUST accompany student to the office <input type="checkbox"/> If blood glucose is below _____ mg/dl give _____ <input type="checkbox"/> After 15 minutes recheck blood sugar <input type="checkbox"/> Repeat until blood glucose is over _____ mg/dl <input type="checkbox"/> Disconnect or suspend pump		<p><u>Symptoms:</u> Increased thirst, increase need for urination, other (specify):</p> <input type="checkbox"/> Student needs treatment when blood glucose is over _____ mg/dl <input type="checkbox"/> If blood sugar is over _____ mg/dl contact parent <input type="checkbox"/> Allow unrestricted bathroom privileges <input type="checkbox"/> Encourage student to drink water or sugar-free drinks  If vomiting call parent <b>immediately!</b>		<ul style="list-style-type: none"> <li>• Student must always be allowed access to fast-acting sugar.</li> <li>• Student is allowed to carry a water bottle and have unrestricted bathroom privileges.</li> <li>• Student is allowed to test his/her blood glucose when/where needed</li> <li>• Substitute teachers must be aware of the student's health situation, but still respecting privacy</li> </ul> <p><b>CALL 911 IF:</b></p> <ul style="list-style-type: none"> <li>• Glucagon is administered</li> <li>• Student is unable to cooperate to eat or drink anything</li> <li>• Decreasing alertness or loss of consciousness</li> <li>• Seizure</li> </ul>	
<p><b>Notify parent(s)/guardian when blood glucose is below _____ mg/dl or above _____ mg/dl</b></p> <p><b>Please try to plan all class/school parties right before lunch, or later in the afternoon so that parents can dose at home with their next meal.</b></p>					
<b>CONTINUED ON NEXT PAGE</b>					

<b>Student:</b>		<b>DOB:</b>
<b>SPECIAL CONSIDERATIONS</b> (Academic testing, Snacks, PE, School Parties, Field Trips)		
PE: <input type="checkbox"/> 15 gram carb (free) snack before PE <input type="checkbox"/> Check BG before PE <input type="checkbox"/> Do not exercise if BG is below _____ mg/dl or above _____ mg/dl		
SPECIAL CONSIDERATIONS AND PRECAUTIONS: School Parties: <input type="checkbox"/> No coverage for parties <input type="checkbox"/> I:C Ratio <input type="checkbox"/> Student to take snack home <input type="checkbox"/> Parent will provide alternate snack <input type="checkbox"/> Other (specify): Field Trips:		
ACADEMIC TESTING: <input type="checkbox"/> Student may reschedule academic testing with teacher, as needed, if blood glucose is below _____ or over _____ Other (specify):		
<b>EMERGENCY MEDICATION</b> (See DMMO)		
Person to give <b>Glucagon</b> : <input type="checkbox"/> School Nurse <input type="checkbox"/> Parent <input type="checkbox"/> EMS <input type="checkbox"/> Volunteer(s) (Specify): _____ Attach volunteer(s) training documentation		
Location of Glucagon:		
<b>SIGNATURES</b>		
As parent/guardian of the above named student, I give permission for my child's healthcare provider to share information with the school nurse for the completion of this plan. I understand the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse of any change in the student's health status, care or medication order. If medication is ordered I authorize school staff to administer medication described below to my child. If prescription is changed a new prescriber order must be completed before the school staff can administer the medication. Parents/Guardian are responsible for maintaining necessary supplies, medications and equipment.		
Parent:	Signature:	Date:
Emergency Contact:	Relationship:	Phone:
<b>SCHOOL NURSE</b>		
Diabetes medication and supplies are kept: <input type="checkbox"/> Student carries <input type="checkbox"/> Backpack <input type="checkbox"/> Classroom <input type="checkbox"/> Health Office <input type="checkbox"/> Front office <input type="checkbox"/> Other (specify):		
This Diabetes Individualized Healthcare Plan distributed to 'need to know' staff: <input type="checkbox"/> Teacher(s) <input type="checkbox"/> Lunchroom <input type="checkbox"/> PE teacher(s) <input type="checkbox"/> Transportation <input type="checkbox"/> Front office/admin <input type="checkbox"/> Other (specify):		
School Nurse Signature:		Date: