

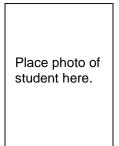
### Form 504.1.5 – Diabetes Care Plan

#### **Diabetes Care Plan**

Diabetes Care Plan For:

School: \_\_\_\_\_Effective Dates: \_\_\_\_\_

Date of Birth: \_\_\_\_\_Grade: \_\_\_\_ Homeroom Teacher: \_\_\_\_\_



### **Contact Information**

Parents/Guardians	Home Phone	Work Phone	Cell Phone	Address
Students Doctor	Home Phone	Work Phone	Cell Phone	Address
Other Contacts	Home Phone	Work Phone	Cell Phone	Address

#### School to contact parent/guardian in the following situations:

- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_



Revised January 2015

### Form 504.1.5 – Diabetes Care Plan cont'd

### Hypoglycemia (Low Blood Sugar)

Usual symptoms of hypoglycemia:

Treatment for hypoglycemia:

Location of hypoglycemia kit:

Glucagon	treatment for	severe hy	poglycemia	🗌 Yes	🗌 No

Location of Glucagon kit:

Call 911 or emergency medical service if the student is incoherent, unconscious, is unable to swallow or has had a seizure.

Glucagon should not be given during a seizure (convulsion).

School personnel trained to administer glucagon and dates of training:

Name	Date



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### Form 504.1.5 – Diabetes Care Plan cont'd

### I. Hyperglycemia

Usual symptoms of hyperglycemia:		
Treatment for hyperglycemia:		

Test urine for ketones when blood glucose greater than	mmol/L
Test urine for ketones when student is feeling sick:  Yes	🗌 No
Procedure for ketone testing:	

#### **Diabetes Supplies**

Supplies	Location	
Blood glucose monitoring equipment		
Insulin administration supplies		
Hypoglycemia treatment kit		
Glucagon emergency kit		
Ketone testing supplies		
Snack foods		

### **Blood Glucose Monitoring**

Type of blood glucose meter student uses:

Target range for blood g	glucose:	_mmol/L to	mmol/L	
Usual times to test bloo	d glucose:			
Before Breakfast	Before Supp	ber		
Before Lunch	Before bedt	me or before be	dtime snack	
2 hours after meals	During the r	ight (Time:	)	
Times to do extra test (Check all that apply)				
Before Exercise				
When student exhibits hyperglycemia				
When student exhibits hypoglycemia				
Other (explain)				



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# Form 504.1.5 – Diabetes Care Plan cont'd

Can student perform own blood glucose test?	🗌 No
Exceptions:	

School personnel trained to monitor blood glucose levels and dates of training:

#### Not applicable

Name

Date

### Insulin

Times, type and dosages to be given during school:

Time	Туре	Dosage

School personnel trained to assist with insulin injections and dates of training:

Not applicable			
Name Da	ate		
Can student give own injections?	Yes	∐ No	
Can student determine correct amount of insulin?	🗌 Yes	🗌 No	
Can student draw/dial correct amount of insulin?	🗌 Yes	🗌 No	



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# Form 504.1.5 – Diabetes Care Plan cont'd

### For Students With Insulin Pumps:

Type of pump:			
Basal Rates:			
Meal Boluses:			
Insulin/Carbohydrate ratios:			
Correction Factor:			
Is student competent regarding pump?	Yes	🗌 No	
Can student deal with pump malfunction?	🗌 Yes	🗌 No	
Contact person if pump malfunction is suspec	ted:		
Comments:			



# Form 504.1.5 – Diabetes Care Plan cont'd

### Meals and Snack Foods

Meal	Time	Food Content/Amount	
Breakfast			
AM Snack			
Lunch			
PM Snack			
Dinner			
Bedtime Snack			
Snack before exercis	e? 🗌 Yes 🗌 No	Type of Snack:	
Snack after exercise	? 🗌 Yes 🗌 No	Type of Snack:	
Other Times To Give	Dther Times To Give Snacks: Type of Snack:		
A source of glucose,	such as	should be readily available at all times.	
Foods to Avoid:			
Instructions for when	food is provided to	the class:	



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### Form 504.1.5 – Diabetes Care Plan cont'd

### II. Exercise and Sports

A snack such as		should be readily available at the site of
the exercise or spo	rt.	
Restrictions on acti	vity in any:	
Student should not exercise if blood sugar is below <u>mmol/L</u> , or greater than mmol/L, and showing ketones in urine.		
Signatures		
Reviewed By:	Piabetes care team member	Acknowledged By: Parent/Guardian
Received By:	F School health team member	Received By:

For more information, contact the diabetes care team @ 403-382-6675, Diabetes and Lipids Education Program, Chinook Health Region

OR

School Health Nurse @ 403-385-6666 Community Health Lethbridge, Chinook Health Region