



## 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:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_



## 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 hypoglycemia  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



## 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 glucose: \_\_\_\_\_ mmol/L to \_\_\_\_\_ mmol/L

Usual times to test blood glucose:

- Before Breakfast     Before Supper  
 Before Lunch         Before bedtime or before bedtime snack  
 2 hours after meals    During the night (Time: \_\_\_\_\_)

Times to do extra test (Check all that apply)

- Before Exercise     After Exercise  
 When student exhibits hyperglycemia  
 When student exhibits hypoglycemia  
 Other (explain) \_\_\_\_\_



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

Can student perform own blood glucose test?  Yes  No

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

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

Not applicable

Name	Date
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### Insulin

Times, type and dosages to be given during school:

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

Not applicable

Name	Date
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- 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



## 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 suspected: \_\_\_\_\_

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 exercise?  Yes  No Type of Snack: \_\_\_\_\_

Snack after exercise?  Yes  No Type of Snack: \_\_\_\_\_

Other 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## 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 sport.

Restrictions on activity in any: \_\_\_\_\_

Student should not exercise if blood sugar is below \_\_\_\_\_ mmol/L, or greater than \_\_\_\_\_ mmol/L, and showing ketones in urine.

### Signatures

Reviewed By: \_\_\_\_\_ Acknowledged By: \_\_\_\_\_  
*Diabetes care team member* *Parent/Guardian*

Received By: \_\_\_\_\_ Received By: \_\_\_\_\_  
*School health team member* *School Personnel or Administrator*

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