

School Diabetes Medical Management Plan

PROVIDER INSTRUCTIONS

The purpose of this form is to ensure the safety of students with diabetes. It will aid the school nurse/personnel in developing the students Diabetes Management Plan and to meet the requirements of the California Education Code. This form will ensure that school staff has all necessary tools to manage a child's diabetes in the school setting. The form addresses treatments of hypoglycemia including administration of glucagon; treatment of hyperglycemia including ketone testing, insulin doses to be administered at school as well as precautions for exercise, and field trips/bus travel. For your convenience a HIPPA authorization form is included for the patient/family signature.

In accordance with California Education Code 49423 and 49423.5, students in need of assistance with prescribed medication during the regular school day must have on file: (1) a written statement from the physician and (2) a written statement from the parent/guardian. This form must be completed and on file in the school before a child can be given the prescribed medication.

- Designated staff, under the supervision of the school nurse, will assist students in taking medications.
- This form must be renewed yearly.
- Updates should be provided when changes occur.
- All medications must be in a container labeled by the pharmacist, including the student's name, doctor's name, name and dosage of medication.

How to Use the School Diabetes Medical Management Plan

Copy (for school, child care etc.):

- Enter specific medication and treatment information and review the instructions with the patient and/or family.
- Educate patients and/or families about factors that cause hyperglycemia and hypoglycemia and the remediation steps on the back of the form.
- Educate the parent/guardian on the need for their signature on the bottom of the form in order to authorize student to carry and self-administer own diabetes medications at school and to authorize sharing student health information with school staff.
- **Complete the form and sign the physician section of the form.**
- **Provide a copy of the form and algorithm to the school/childcare center or other third party. (This copy may also be faxed to the school)**

Copy (for chart):

- **File a copy in the patient's medical chart.**

Copy (for patients):

- **Give a completed copy to parents.**



Student _____	DOB _____	Effective for one year - beginning date _____
<p>Blood Glucose Monitoring</p> <p><input type="checkbox"/> before lunch <input type="checkbox"/> before snack <input type="checkbox"/> before boarding bus</p> <p><input type="checkbox"/> after school activities</p> <p>AND all suspected hypoglycemia</p> <p>Meal Plan Carbohydrate amount per parent/guardian</p> <p><input type="checkbox"/> a.m. snack <input type="checkbox"/> lunch <input type="checkbox"/> p.m. snack <input type="checkbox"/> mandatory</p> <p>Extra food allowed at: <input type="checkbox"/> parent's discretion <input type="checkbox"/> student's discretion</p> <p><i>(For treatment of hypo/hyperglycemia see decision tree on back of form)</i></p> <p>Hypoglycemia Treatment Guidelines BG < _____ mg/dl</p> <p><input type="checkbox"/> Self treatment of mild lows <input type="checkbox"/> Assistance for all lows</p> <p><input checked="" type="checkbox"/> Immediately treat with 15 gm fast-acting carbohydrate- e.g. 4 oz juice, 3-4 glucose tabs, 3 tsp glucose gel (cakemate)</p> <p><input checked="" type="checkbox"/> Recheck BG in 15 minutes and repeat above until BG > 80</p> <p><input checked="" type="checkbox"/> If more than 1 hour until meal give 15 gm Carb snack – (e.g. cheese and crackers, half a sandwich)</p> <p>Severe Hypoglycemia unconscious, seizure, unable to swallow</p> <p><input checked="" type="checkbox"/> Inject Glucagon dosage _____ mg</p> <p><input checked="" type="checkbox"/> Lay student on side to prevent aspiration</p> <p><input checked="" type="checkbox"/> Call 911 <input checked="" type="checkbox"/> Notify parent/guardian</p> <p>Hyperglycemia Treatment Guidelines BG > _____ mg/dl</p> <p><input type="checkbox"/> If insulin therapy by injection: check ketones when BG > 250 <u>and</u> symptoms of ketosis (e.g. headache, stomach ache, nausea/vomiting)</p> <p><input type="checkbox"/> Insulin by pump: check ketones whenever BG > 250 and if ketones are present contact parent/guardian.</p> <p>Ketone testing: <input type="checkbox"/> blood ketones <input type="checkbox"/> urine ketones</p> <p><input checked="" type="checkbox"/> If moderate/large urine ketones/ > 0.6 mmol blood ketones – Notify parents. Student to go home. No vigorous activity.</p> <p><input checked="" type="checkbox"/> If negative, trace or small ketones – Give student water, access to the bathroom and student may return to usual activity.</p>		<p>Insulin Orders <input type="checkbox"/> Humalog <input type="checkbox"/> Novolog <input type="checkbox"/> Apidra</p> <p><input type="checkbox"/> No insulin at school at this time</p> <p>a. <input type="checkbox"/> Insulin delivery injection <input type="checkbox"/> syringe and vial <input type="checkbox"/> pen</p> <p>Time: <input type="checkbox"/> a.m. snack <input type="checkbox"/> lunch <input type="checkbox"/> p.m. snack</p> <p>Meal bolus: _____ units of insulin per _____ grams of carbohydrate</p> <p>Correction scale at Lunch</p> <p>Blood Glucose Value / Units of Insulin</p> <p>< 100 = _____ units</p> <p>100 to 150 = _____ units</p> <p>151 to 200 = _____ units</p> <p>201 to 250 = _____ units</p> <p>251 to 300 = _____ units</p> <p>301 to 350 = _____ units</p> <p>351 to 400 = _____ units</p> <p>> 400 = _____ units</p> <p>For after school correction scale see current Diabetes Clinic Visit Summary.</p> <p>b. <input type="checkbox"/> Insulin delivery pump – with ALL carb intake, (snack and lunch) Use current pump setting for meal and correction bolus.</p> <p>P.E. Guidelines</p> <p><input checked="" type="checkbox"/> Carbohydrate food/beverage must be available before, during and after exercise (to treat and or prevent low blood sugar)</p> <p><input type="checkbox"/> Eat 15 grams carbohydrate (no insulin bolus) before vigorous activity/exercise- e.g. running laps, etc.</p> <p>Field trips and after school activities</p> <p><input checked="" type="checkbox"/> Arrange for appropriate monitoring and access to supplies</p> <p>MANAGEMENT PLAN REVIEWED BY</p> <p>_____ (School Nurse/Personnel name/title) (date)</p>

DISASTER PREPAREDNESS PLAN**Parents to provide the following supplies**

- ☒ 1 vial/pen of: ☐ Rapid-acting insulin _____ ☐ Basal insulin _____
- ☒ syringes/pen needles ☒ test strips/meter ☒ Glucagon kit ☒ 15 gram fast-acting carbohydrate source ☐ pump supplies (extra battery)

In case of emergency (food not available):

- ☐ 6 p.m.: Basal Insulin – Give _____ unit(s) of _____
- ☐ 8 a.m. and 6 p.m.: Rapid-acting Insulin correction scale - Give _____ unit(s) _____ insulin for every _____ mg/dl > _____ mg/dl
- ☐ Insulin pump- continue regimen. If pump fails give correction dose by injection **every 3 hours** _____ insulin : _____ unit per _____ mg/dl > _____

PHYSICIAN AUTHORIZATION AND INSTRUCTIONS FOR DIABETES MANAGEMENT IN SCHOOL

My signature provides authorization for the written orders specified above. I understand that all procedures will be implemented in accordance with state laws and regulations. I understand that unlicensed school employees, who have received appropriate training by a school nurse or other health care professional with experience in diabetes, may perform specialized physical health care services. This authorization is for a maximum of one year.

Student has been instructed in the proper way to: ☐ check blood glucose ☐ administer insulin

It is my professional opinion that student should be allowed to:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> carry meter | <input type="checkbox"/> check blood glucose | <input type="checkbox"/> independently | <input type="checkbox"/> with supervision |
| <input type="checkbox"/> carry insulin | <input type="checkbox"/> administer insulin | <input type="checkbox"/> independently | <input type="checkbox"/> with supervision (dose verification) |
| <input type="checkbox"/> cannot self-check blood glucose | <input type="checkbox"/> cannot self-administer insulin | | |

MD Name _____ Signature _____ Date _____

MD Phone _____ MD FAX _____

PARENT/GUARDIAN CONSENT FOR DIABETES MANAGEMENT IN SCHOOL

I, the undersigned, request that the following specialized physical health care services for the management of diabetes in school to assist my child in accordance to the Education Code 49423. I will:

1. Provide the necessary supplies and equipment (including a copy of operating instructions)
2. Notify school Nurse/Personnel if there is a change in my child's health status or attending physician.
3. Notify the school Nurse/Personnel immediately and provide new school form/insulin plan for any regimen changes.

I authorize the school Nurse/Personnel to communicate with my child's diabetes medical team when necessary. I understand that I will be provided a copy of my child's completed Individual Health Care Plan (IHCP) or Section 504 Plan.

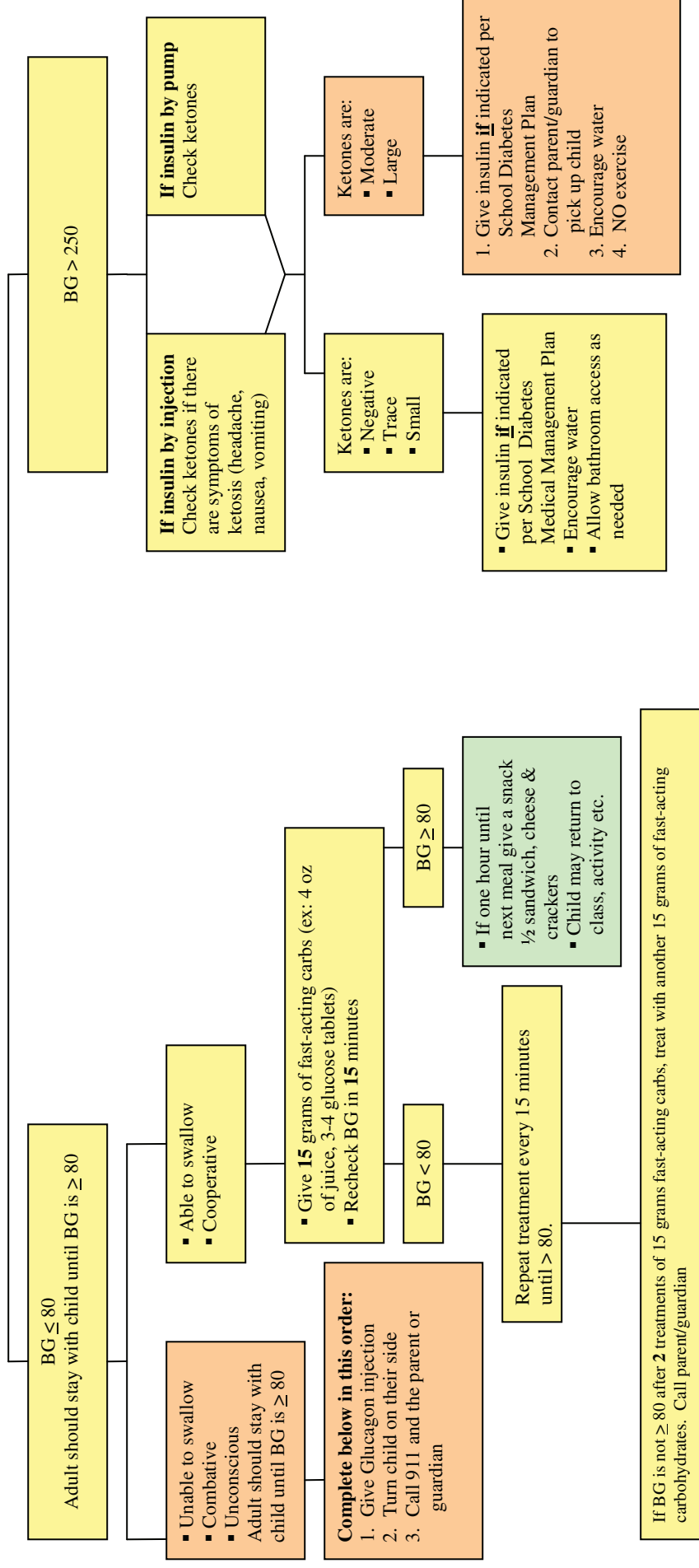
Parent/Guardian Signature _____ Phone _____ Date _____



Check Blood Glucose (BG)

- At designated time per School Diabetes Management Plan
- If child complains of signs/symptoms of hypoglycemia/hyperglycemia
- If signs/symptoms of hypoglycemia/hyperglycemia are observed

Notify parent/guardian as directed.



Signs & Symptoms of a Low Blood Sugar (Hypoglycemia)

Can include: hunger, shakiness; nervousness; sweating; irritability; sadness or anger; impatience; chills and cold sweats; fast heartbeat; lightheadedness or dizziness; stubbornness or combativeness; lack of coordination; blurred vision; nausea; tingling or numbness of lips or tongue; headache; strange behavior; confusion; personality change; passing out.

Signs & Symptoms of a High Blood Sugar (Hyperglycemia)

Can include: hunger, nausea; vomiting; stomach pain; fruity-smelling breath; lack of appetite; frequent urination; extreme thirst; weakness; blurry vision; warm, flushed skin; drowsiness; breathing problems; unconsciousness.

Revised 6/15/10



Additional contributions from:
Fremont Unified School District, Hayward Unified School District,
Oakland Unified School District, San Leandro Unified School