

# Stockdale Independent School District

## Preparing You for a Prosperous Life

### DIABETES MANAGEMENT AND TREATMENT PLAN

#### Physician/Parent Authorization for Diabetic Care

\*This form is to be renewed annually.

Prescribed in-school medication or procedures may be administered by a school nurse or a non-health professional designee of the principal.

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Authorized Health Care Provider Opinion on student's competence with Procedures:

- |  |  |
|--|--|
| <input type="checkbox"/> Blood Glucose Testing                     | <input type="checkbox"/> Carry supplies for blood glucose monitoring |
| <input type="checkbox"/> Testing in classroom                      | <input type="checkbox"/> Self-treatment for mild lows                |
| <input type="checkbox"/> Measuring and injecting insulin           | <input type="checkbox"/> Independent operation insulin pump          |
| <input type="checkbox"/> Carry Supplies for insulin administration | <input type="checkbox"/> Self-manage diabetes if policy allows       |

Blood glucose testing: (Desired range \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl)

- Before AM snack    Before lunch    2 hrs after lunch.    2 hrs after a correction dose    For suspected hypoglycemia/hyperglycemia
- At student's discretion    Always check BS for suspected hypoglycemia    NO blood glucose testing at school at this time

#### HYPOGLYCEMIA:

*Signs of hypoglycemia include trembling, sweating, shaking, pale, weak, dizzy, sleepy, lethargic, confusion, coma, or seizures.*

Student must never be alone when hypoglycemia is suspected and should be treated on-site.

Mild hypoglycemia:  BG < 70 mg/dl OR  BG < \_\_\_\_\_

Give  15 gm or  \_\_\_\_\_ gm fast-acting glucose  
 recheck in 15 minutes or  recheck in \_\_\_\_\_ minutes.

If hypoglycemic after specified time, treat with same dose of glucose and recheck at same interval until normal.

- Notify Parent if not improved after 3 treatments.  
 Provide extra protein and carb snack after treating lows if next meal not scheduled for  1 hr  2 hr.

Call parent if symptoms of hypoglycemia but BG normal.

Severe hypoglycemia (*seizure, unconscious, combative, unable to swallow*): Call 911 – ensure open airway

- OK to use glucose gel inside cheek ONLY IF CONSCIOUS  
 Use glucagon injection IM if unconscious or seizing  
 0.5 mg  1 mg

#### HYPERGLYCEMIA:

*Signs of hyperglycemia include frequency of urination and excessive thirst. (Deep rapid respirations combined with a fruity odor the breath, and positive urinary ketones are signs of ketoacidosis. This is an emergency – notify parent).*

Hyperglycemia:

BG > \_\_\_\_\_ mg/dl: Check Ketones in  blood  urine  
Encourage fluids.

If student is ill or vomiting, call parent to pick up.

For confusion, labored breathing, or unconscious – call 911.

BG > \_\_\_\_\_ WITH Ketones moderate or large: call parent to pick up child.

BG > \_\_\_\_\_ WITH Ketones negative or small, child may remain in school if not ill or vomiting.

For BOTH ABOVE initiate insulin per sliding scale ONLY IF more than two hours have passed since last insulin dose and encourage sugar-free liquids.

DO NOT give insulin more frequently than every 2 hours.

If student has pump:

Immediately troubleshoot pump, infusion set, and site.  
Use pump for initial correction doses.  
Recheck BG in ONE HOUR to ensure adequate insulin delivery.

**Illness:** If student is ill, check ketones and blood glucose.

If ketones are \_\_\_\_\_ or larger, provide fluids and call parents to pick up.

If ketones and BG are within range, follow standard procedure for ill students and notify parent.

**Bus Transportation:**

- Blood glucose test not required prior to boarding bus  
 Test blood glucose 10-15 minutes prior to boarding bus and treat hypoglycemia appropriately  
 Notify parent if BG > \_\_\_\_\_ mg/dl prior to boarding bus

\*\*\*\*Recommend caution if giving insulin prior to transportation

**INSULIN ORDERS:**

Brand Name of Insulin: \_\_\_\_\_

Insulin administration via:

Syringe  Pump  Pen  Other: \_\_\_\_\_

**Routine administration times:**

Breakfast  AM Snack  Lunch  Other: \_\_\_\_\_

**Food Bolus insulin dose:**

Insulin to carb ration: \_\_\_\_\_ units per \_\_\_\_\_ grams Carbs

**Fixed Insulin Dose:**

Breakfast dose \_\_\_\_\_ units

AM Snack dose \_\_\_\_\_ units

Lunch dose \_\_\_\_\_ units

Other dose \_\_\_\_\_ units

**Correction Dose:**

Give \_\_\_\_\_ unit(s) for every \_\_\_\_\_ above \_\_\_\_\_ mg/dl

Blood glucose from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units

Blood glucose from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units

Blood glucose from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units

Blood glucose from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units

Blood glucose from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units

Blood glucose from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units

Blood glucose from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units

Blood glucose from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units

Blood glucose from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units

Blood glucose from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units

Blood glucose from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ Units

OK to add food/bolus units to correction dose

**Meal Plan:**

Meal/snack will be considered mandatory unless otherwise specified. Timing of snacks will be per school/daycare schedule unless otherwise indicated.

AM Snack

at student discretion  special time \_\_\_\_\_

Lunch

at student discretion  special time \_\_\_\_\_

After-noon Snack

at student discretion  special time \_\_\_\_\_

After-school Snack

at student discretion  special time \_\_\_\_\_

Content of snack will be specified by:

Parent  Student

Health Care Provider  NO snack needed

**PUMP**

Basal and Bolus setting programmed

Food / Bolus insulin dose per pump setting:

\_\_\_\_\_ units insulin per \_\_\_\_\_ grams carbs

Varied preprogrammed Carb ratio per pump/time

Correction Dose ("sensitivity")

Give \_\_\_\_\_ unit(s) for every \_\_\_\_\_ above \_\_\_\_\_ mg/dl

Varied preprogrammed correction per pump / time

**EXERCISE:**

Liquid / solid carb sources must be available.

Follow Hypoglycemia, illness, and hyperglycemia protocols when relevant,

Eat \_\_\_\_\_ extra grams of carbs with vigorous exercise.

Before Exercise

Every 30 minutes during exercise

After exercise

Other

Student may disconnect pump for up to \_\_\_\_\_ hrs

Student may decrease basal rate at their discretion.

**OTHER NEEDS:**

\_\_\_\_\_

\_\_\_\_\_

**FOR DIABETIC SELF-CARE ONLY**

Does this student have physician permission to provide self-care? \_\_\_\_\_ YES \_\_\_\_\_ NO

This student has been provided instruction / supervision and is capable of doing glucose self-care for glucose monitoring and his/her own insulin injections/insulin pump care, including using universal precautions and proper disposal of sharps? \_\_\_\_\_ YES \_\_\_\_\_ NO

The student may perform safe glucose monitoring and/or insulin injections / pump care in the  clinic;  classroom;  cafeteria.

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Facility: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**To be completed by parent:** We (I) the parent/guardian(s) of \_\_\_\_\_ request that the above medication and procedures be administered to my (our) child. I will notify the school immediately if the health status of my child changes, I change physicians or emergency contacts, or the procedure is canceled or changes in any way. Information concerning my child's diabetes health management may be share with/obtained from the diabetes healthcare providers. I understand that the above diabetic care plan will be initiated and carried out by a nurse or a trained school district employee who is not a licensed nurse.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_