

Student Photo ID
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Confidential

## DIABETIC HEALTHCARE PLAN

<b>Student's Name:</b>	<b>School/Grade:</b>
<b>Date of Birth:</b>	<b>Contact Teacher:</b>
<b>Parent/Guardian Name:</b>	<b>Phone (Family):</b>
<b>Address:</b>	
<b>Physician:</b> <b>Endocrinologist:</b>	<b>RN:</b>
<b>Emergency Number:</b>	
<b>Emergency Number:</b>	
<b>Emergency Number:</b>	

**Health Condition:** Type I Diabetic with Insulin Injection or Insulin Pump      **Date:** \_\_\_\_\_

**Medications:** Glucagon, Glucose Tablets, Insulin, \_\_\_\_\_

**Goals:** Student will participate daily in normal activities, foster independence, and maintain target blood glucose.

**Target Blood Glucose:** \_\_\_\_\_ **MUST CALL PARENT IF BG IS UNDER \_\_\_\_\_ OR OVER \_\_\_\_\_.**

**1. Supplies:**

\_\_\_\_ Glucometer    \_\_\_\_ Glucose test strips    \_\_\_\_ Lancets    \_\_\_\_ Glucagon    \_\_\_\_ Insulin syringes  
 \_\_\_\_ Insulin    \_\_\_\_ Glucose tablets/liquid    \_\_\_\_ Juice    \_\_\_\_ Crackers/snack

*Because of lockdown procedures, all lecture classes will maintain a supply of juice and crackers for emergency use. These will be supplied by the parent at all times.*

**2. Self-Care:**

\_\_\_\_ Checks own blood sugar    \_\_\_\_ Needs help checking blood sugar    \_\_\_\_ Self-injects insulin  
 \_\_\_\_ Needs help with injections    \_\_\_\_ Has an insulin pump    \_\_\_\_ Brings equipment daily  
 \_\_\_\_ Determines correct dose of insulin    \_\_\_\_ Draws correct dose    \_\_\_\_ Equipment is stored in clinic

**3. Blood Sugar Testing Time:**

\_\_\_\_ Before breakfast    \_\_\_\_ After breakfast    \_\_\_\_ Before exercise    \_\_\_\_ After exercise  
 \_\_\_\_ Before lunch    \_\_\_\_ After lunch    \_\_\_\_ As needed    \_\_\_\_ Document on log sheet

**4. Dosage:**

\_\_\_\_\_ Units/\_\_\_\_\_ Grams of carbohydrates  
 Correction dose: \_\_\_\_\_ Unit per \_\_\_\_\_ mg/dl over \_\_\_\_\_ mg/dl

**5. Carbohydrate Count:**

Breakfast: Time \_\_\_\_\_ Carb. Total \_\_\_\_\_  
Mid-morning snack: Time \_\_\_\_\_ Carb. Total \_\_\_\_\_  
Lunch: Time \_\_\_\_\_ Carb. Total \_\_\_\_\_  
Mid-afternoon snack: Time \_\_\_\_\_ Carb. Total \_\_\_\_\_  
Other times: \_\_\_\_\_

**6. School:**

- a. The cafeteria will supply a carbohydrate count menu to the student, RN, and/or parent.
- b. When student states “not feeling well” or “feeling low” or does not seem himself, student is **ALWAYS** to be accompanied by another student or staff to his supplies or office (whichever is closest). Office staff, clinic staff, or RN needs to stay with student until the situation is resolved and student is safe.
- c. All teachers will have a signed copy of student’s healthcare plan along with signs and symptoms of hyper/hypoglycemia.

**7. Parents:**

- a. This student may have an increase in absences due to doctor appointments and illness. A medical excuse will be required for each doctor’s visit/illness as stated by school policy.
- b. At any time during the school year, the parents are responsible for updating medical information to include any change in insulin dosage (orders must be signed by physician) or contact information.

I am in agreement with this plan of care and understand it will be shared as needed with members of the school staff to safeguard and promote the health of the student listed above while at school. I will notify the school immediately if:  
1) the health status of the student listed above changes, 2) we change physicians, or 3) there is a change or cancellation of the physician’s orders.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Registered Nurse \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL REVIEW**

I have reviewed the attached Diabetic Healthcare Plan (DHP) for \_\_\_\_\_ AND:

- \_\_\_\_\_ I approve the DHP as written.
- \_\_\_\_\_ I approve the DHP with the attached amendments.
- \_\_\_\_\_ I do not approve of the DHP as written, and substitute orders are attached.

Physician \_\_\_\_\_ Date \_\_\_\_\_

**Other Recommendations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies to:  
 Board Office     Bus Garage     Teacher     Other \_\_\_\_\_