

DIABETES - Individualized Healthcare Plan				School Year:	Picture
Utah Department of Health					
STUDENT INFORMATION					
Student:	DOB:	Grade:	School:	DMMO <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent:	Phone:	Email:			
Physician:	Phone:	Fax or Email:			
School Nurse:	School Phone:	Fax or Email:			
<input type="checkbox"/> Type I	<input type="checkbox"/> Type II	Age at diagnosis:			
BLOOD GLUCOSE MONITORING					
<input type="checkbox"/> Student is independent <input type="checkbox"/> Student needs assistance <input type="checkbox"/> Student needs supervision <input type="checkbox"/> Student has a Continuous Glucose Monitoring System (CGMS readings are for trends only, ALWAYS verify with blood glucose before any dosing, unless using Dexcom G5 – must have parent signature on DMMO)					
Always test if student is showing signs/symptoms of high or low blood glucose!					
INSULIN DELIVERY (per instructions from PCH, correction doses can be given at mealtime only, unless on a pump)					
Method of insulin delivery: <input type="checkbox"/> Pump <input type="checkbox"/> Insulin Pen <input type="checkbox"/> Syringe/vial		<input type="checkbox"/> Student is independent <input type="checkbox"/> Student needs supervision <input type="checkbox"/> Student needs assistance (attach training documentation if applicable)			
High Blood Glucose Correction Dose for PUMP only: If BG over _____ mg/dl, give correction per pump calculation					
Lunch: Student will typically eat:		<input type="checkbox"/> School Lunch (staff can help with carb counts) <input type="checkbox"/> Home Lunch (parent must provide carb counts)			
HYPO glycemia-Low Blood Glucose		HYPER glycemia-High Blood Glucose		ADDITIONAL INFORMATION	
Emergency situations may occur with low blood sugar! <u>Symptoms:</u> shaky, feels low, feels hungry, confused, other (specify): <input type="checkbox"/> Student needs treatment when blood glucose is below _____ mg/dl or if symptomatic <input type="checkbox"/> If treated outside the classroom, a responsible person MUST accompany student to the office <input type="checkbox"/> If blood glucose is below _____ mg/dl give _____ <input type="checkbox"/> After 15 minutes recheck blood sugar <input type="checkbox"/> Repeat until blood glucose is over _____ mg/dl <input type="checkbox"/> Disconnect or suspend pump		<u>Symptoms:</u> Increased thirst, increase need for urination, other (specify): <input type="checkbox"/> Student needs treatment when blood glucose is over _____ mg/dl <input type="checkbox"/> If blood sugar is over _____ mg/dl contact parent <input type="checkbox"/> Allow unrestricted bathroom privileges <input type="checkbox"/> Encourage student to drink water or sugar-free drinks If vomiting call parent immediately!		<ul style="list-style-type: none"> • Student must always be allowed access to fast-acting sugar. • Student is allowed to carry a water bottle and have unrestricted bathroom privileges. • Student is allowed to test his/her blood glucose when/where needed • Substitute teachers must be aware of the student's health situation, but still respecting privacy CALL 911 IF: <ul style="list-style-type: none"> • Glucagon is administered • Student is unable to cooperate to eat or drink anything • Decreasing alertness or loss of consciousness • Seizure 	
Notify parent(s)/guardian when blood glucose is below _____ mg/dl or above _____ mg/dl Please try to plan all class/school parties right before lunch, or later in the afternoon so that parents can dose at home with their next meal.					
CONTINUED ON NEXT PAGE					

Student:		DOB:
SPECIAL CONSIDERATIONS (Academic testing, Snacks, PE, School Parties, Field Trips)		
PE: <input type="checkbox"/> 15 gram carb (free) snack before PE <input type="checkbox"/> Check BG before PE <input type="checkbox"/> Do not exercise if BG is below _____ mg/dl or above _____ mg/dl		
SPECIAL CONSIDERATIONS AND PRECAUTIONS: School Parties: <input type="checkbox"/> No coverage for parties <input type="checkbox"/> I:C Ratio <input type="checkbox"/> Student to take snack home <input type="checkbox"/> Parent will provide alternate snack <input type="checkbox"/> Other (specify): Field Trips:		
ACADEMIC TESTING: <input type="checkbox"/> Student may reschedule academic testing with teacher, as needed, if blood glucose is below _____ or over _____ Other (specify):		
EMERGENCY MEDICATION (See DMMO)		
Person to give Glucagon: <input type="checkbox"/> School Nurse <input type="checkbox"/> Parent <input type="checkbox"/> EMS <input type="checkbox"/> Volunteer(s) (Specify): _____ Attach volunteer(s) training documentation		
Location of Glucagon:		
SIGNATURES		
As parent/guardian of the above named student, I give permission for my child's healthcare provider to share information with the school nurse for the completion of this plan. I understand the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse of any change in the student's health status, care or medication order. If medication is ordered I authorize school staff to administer medication described below to my child. If prescription is changed a new prescriber order must be completed before the school staff can administer the medication. Parents/Guardian are responsible for maintaining necessary supplies, medications and equipment.		
Parent:	Signature:	Date:
Emergency Contact:	Relationship:	Phone:
SCHOOL NURSE		
Diabetes medication and supplies are kept: <input type="checkbox"/> Student carries <input type="checkbox"/> Backpack <input type="checkbox"/> Classroom <input type="checkbox"/> Health Office <input type="checkbox"/> Front office <input type="checkbox"/> Other (specify):		
This Diabetes Individualized Healthcare Plan distributed to 'need to know' staff: <input type="checkbox"/> Teacher(s) <input type="checkbox"/> Lunchroom <input type="checkbox"/> PE teacher(s) <input type="checkbox"/> Transportation <input type="checkbox"/> Front office/admin <input type="checkbox"/> Other (specify):		
School Nurse Signature:		Date: