



# Diabetic Low Blood Sugar Individual Health Care Plan

School Year

Student legal last name First name MI

Birth date School Grade Other ID

Transportation:  Walker  Self Transported  Bus Rider Bus Route Number

### Parent/Guardian Information

Parent/Guardian Primary phone - -

Work phone - - Cell phone - -

Parent/Guardian Primary phone - -

Work phone - - Cell phone - -

### Healthcare Provider and Hospital Information

Healthcare Provider Name Phone - -

Preferred Hospital Phone - -

### Medication Information

Current Insulin-Medication Regime: (See Healthcare Provider order) Insulin Pen Yes No Insulin Pump Yes No

The following staff members are trained to deal with an emergency and initiate the appropriate procedures:

- 1. 2. 3.

Diabetes History

Low Symptoms

Special Precautions

Supplies/Equipment (See IHP for school management information and schedule.)

### Emergency Medication Orders

Medication name Dose When

No medication at school needed

\_\_\_\_\_  
Healthcare Provider's Signature

\_\_\_\_\_  
Date

Healthcare Provider's Name (Printed) Phone Fax

**Emergency Intervention**

**Students know when their blood sugar is low and will ask to come to the health room. ALWAYS SEND THEM WITH AN ESCORT.**

<u>Mild Symptoms</u>	<u>Mild Treatments</u>
<i>Check student's usual symptoms</i>	Treats self or Staff treats with one of the following:
Hungry	2-3 Glucose Tablets <i>Wait fifteen (15) minutes</i>
Shakiness	4-8 oz. juice <i>Repeat food if symptoms persist or blood sugar less than</i>
Weakness	4-8 oz. regular soda
Paleness	Glucose gel product <i>Follow with a snack of carbohydrate and protein, e.g. crackers and cheese.</i>
Other	3-8 Lifesavers <i>Communicate with parents if in IHP</i>
Inability to concentrate	
Personality change	
Anxiety	

Additional student information

<u>Moderate Symptoms</u>	<u>Moderate Treatments</u>
<i>Check student's usual symptoms</i>	<b>Someone Assists</b>
Headache	Insist child drinking a quick sugar source per Mild guidelines
Behavior change	Wait fifteen (15) minutes
Poor coordination	Repeat food if symptoms persist or blood sugar less than
Confusion	Follow with a snack of carbohydrate and protein (e.g. crackers and cheese).
Weakness	Communicate with parents in in IHP.
Slurred speech	
Blurry vision	
Other	

Additional student information

<u>Severe Symptoms</u>	<u>Severe Treatments</u>
Loss of consciousness	Don't attempt to give anything by mouth
Seizure	Call 911      Position on side
	Contact Parents      Follow student's IHP
	Licensed Nurse, Parent/Family or Parent Designated Adult can administer glucagon per healthcare provider order.

**Emergency Contacts**

Name	Phone	-	-	Relationship
Name	Phone	-	-	Relationship
Name	Phone	-	-	Relationship

***Each school may use assistive technology, such as electronic tablets, to connect via WiFi with a student's Continuous Glucose Monitoring (CGM) in order to monitor blood glucose remotely. The school makes no guarantee that remote monitoring will be employed, nor that it will be continuous. If remote continuous glucose monitoring is used, the health room staff will assess for stable blood glucose prior to taking breaks. During employee breaks, glucose will not be monitored continuously. The responsibility for remote glucose monitoring is ultimately borne by the parent/guardian. Parent/guardians are not obligated to connect their student's CGM to assistive technology. Unlicensed school staff will continue to follow the protocol established for recognizing and treating signs and symptoms of hypoglycemia as outlined in this document.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

Healthcare Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

***A copy of this plan will be kept in the school health room and the information will be shared with others who will need to know to maintain the child's health and safety.***

**CONFIDENTIAL INFORMATION/SHRED PRIOR TO DISCARDING**