

Put student's picture here

District 834, Stillwater MN

Confidential, for sub files also

Diabetes Emergency Care Plan (Injection)

Individualized Health Plan /504 plan as applicable



Date Plan Effective: _____ (good for current school year)

Type 1 Diabetes is an autoimmune disease in which the body's immune system attacked and destroyed the cells of the pancreas that make insulin. Insulin is needed to properly breakdown glucose in the body for energy. It is not contagious, it is not curable, and it is not caused by poor diet or lack of exercise. People with type 1 diabetes need 100% of their insulin via syringe or insulin pump to survive. They can eat any foods based on an insulin dosing method called carbohydrate counting. Please let us know about special treats or celebration that includes food in your classroom because the child with diabetes can participate but it needs to be planned.

Name:	Date of Birth:
School/Grade:	Teacher/Room

Parent / Guardian: **Please number the order in which you would like us to call phone numbers.**

Mother:	__ Home:	__ Work:	__ Cell:
Father:	__ Home:	__ Work:	__ Cell:
Emergency contact:	__ Home:	__ Work:	__ Cell:
Emergency Contact #2:			
Health Care Provider/Clinic:	Phone:	Fax:	
Endocrinology Clinic/Dr	Phone:	Fax:	

Brief history of diagnosis: **(Please include date of diagnosis & brief history,**

Type of Insulin, management at school and other information we need for school day.

How often does this student typically experience low blood sugar; any events that seem to trigger this?)

Recent hospitalizations because of or involving diabetes::

STUDENT'S NORMAL RANGE OF BLOOD SUGAR: _____.

Signs & Symptoms of Abnormal Blood sugar (please circle or make bold ones your student has experienced or fill in details on fillable PDF)	
Mental	Irritable, Anxious, Inappropriate, Dizzy, Headache, Sleepy, Belligerent
Mouth	Dry— says thirsty
Skin	Sweating, Shaking, Pale
Gut	Hunger, Stomach Ache, Nausea, Vomiting
Eyes	Blurred Vision
Heart	Rapid heart rate
Neuro	Difficulty with Speech, Difficulty with Coordination, Confused, Fainting, Unconscious, Seizures
Student says	

**These symptoms can change quickly, & rapidly progress to a life-threatening situation!
NEVER SEND STUDENT WITH ANY OF THE ABOVE SYMPTOMS ANYWHERE ALONE!**

This plan is written with the intent to be used by school health staff personnel during the school day hours. It is released to school staff and substitutes on a "need-to-know" basis for the student's safety at school. Any other use of this ECP is only as reference material.

If 911 is needed dial 9-911 (from a school phone) Notify office when 911 is called

Treatment at School, unless otherwise indicated by Health Care Provider:

Low Blood Sugar: less than _____, but conscious	Low Blood Sugar: unconscious
<ul style="list-style-type: none"> • If able to swallow /chew safely: Give 15 grams of carbohydrates (½ cup juice, 1 cup or carton milk, ½ cup regular pop, 3-4 glucose tabs or other equivalent sweet source) • Wait 15 minutes • Recheck blood sugar • If still less than _____ give 15 more grams of carbohydrates • Wait 15 more minutes • Recheck blood sugar • Repeat until blood sugar is _____ or more and student is alert, student may need a snack if their next meal is over an hour away • Return student to class. 	<ul style="list-style-type: none"> • Give instant glucose- <ul style="list-style-type: none"> <input type="checkbox"/> Glucose Gel <input type="checkbox"/> Glucagon – (Only a RN or delegated person may give glucagon; there must be a physician’s order at school) • Turn student on side (violent vomiting can occur) • Call 911 • Call parent • Stay with student • Other: _____ <p>In an acute emergency, the student will be transported to the hospital by paramedics. Transportation in a non-acute situation is the responsibility of parent/guardian. Any charges incurred are the responsibility of the parent/guardian.</p>
High Blood Sugar: more than _____.	
<ul style="list-style-type: none"> • Check ketones when blood sugar over _____ - (<input type="checkbox"/> urine strips for ketonuria) (<input type="checkbox"/> meter for blood ketone levels) • Follow orders to give extra insulin for a correction/sliding scale dose as indicated. • Offer drinks that do not contain carbohydrates (water, sugar free soda, crystal light) • Re-check blood sugar again, per orders, to verify correction is working. • Call parent if blood sugar remains over _____, student feels ill, has stomach pain or when _____ • Other: _____ 	

Equipment and supplies provided by parent, to be kept in the health room in addition to what the students carries:

- Blood sugar meter kit (includes all blood testing supplies for use at school)
- Insulin (extra for emergency back-up, in unopened original container)
- Ketostix for urine testing, or meter and strips for blood ketone testing
- Glucagon – if ordered by physician, parent provides for the school
- Fast acting carbohydrate drink and glucose tablets or glucose gel product
- 5-6 pre-packaged snacks (crackers and cheese or peanut butter, etc.)
- **Signed and dated sliding scales/bolus correction**
- Storage location in the health room/nurse’s office (health office staff designates): _____

Daily school routines/Classroom information/Accommodations (to be filled out with health office staff):

- Lunch time: _____ Student has lunchtime recess at: _____
- Recess times (Elementary only): AM _____ PM _____
- Blood sugar testing as needed /Set testing times: _____
- Regularly scheduled snacks, if applicable: AM _____ PM _____; Gluten-free?
- PE days – Elementary (Please circle): day ____ Time: _____
- PE - Secondary: All year 1st Semester 2nd Semester, Time: _____
- Unlimited access to drinking water (if a container is needed it will be provided by the parent)
- Bathroom privileges whenever requested by student as necessary
- Send child to office with staff adult if possibility of low blood sugar
- Has the option to delay or re-take tests when blood sugar is out of their normal limits
- Other _____

Extra snacks/ parties (check all that apply):

- Child will eat treat without any extra diabetes management needs if independent or carb-free
- Teacher/staff notifies parent prior to activity
- Treat will be replaced with parent-supplied alternative
- Student takes treat to nurse/Trained Diabetes Provider to calculate and administer insulin
- Schedule extra insulin per pre-arranged plan (parent must provide in writing what plan will be with their signatures and the date the plan is for)
- Other _____

Students who ride the bus:

If a low blood glucose episode occurs 30 minutes or less prior to departure, the designated staff or nurse (if in the building) will:

- Call parent to inform of episode (regardless if blood glucose returns to normal or not)
- Allow child to ride the bus home if blood glucose returns to normal
- Call parent to pick up child (**students will not be sent on the bus with a low blood glucose**)
- Other: _____

If student is totally independent in care (see student management of care on last page) it is the student's responsibility to alert staff of high or low blood glucose occurring 30 minutes or less before the end of the day.

Students who drive to school (high school only) (check all that apply) or: not applicable yet for this student

If a low blood glucose episode occurs 30 minutes or less prior to departure **student will**

- Treat mild hypoglycemia, wait 15 minutes and retest. If blood glucose returns to normal student will drive home.
- Call parent to inform of the episode
- Call parent to pick up student if blood sugar does not return to normal. ***Students with low blood glucose or high blood glucose with a large amount of ketones will not be allowed to drive home.**
- Other: _____

If the student is totally independent in care (see student management of care on last page) it is the student's responsibility to alert staff of high or low blood sugar occurring 30 minutes or less before the end of the day.

Field Trips

- Totally Independent
- Parent accompanies child on trip.
- Teacher or other trained adult can have diabetes management delegated by School Nurse.

Blood Glucose Readings

- sent home daily
- sent home weekly
- Other: _____

504 Plan (details in District's 504 file system)

Parents/guardians received Notice of Section 504 Rights on _____ (date).

Please put an X in the box that best describes your child's role in management of their diabetes:

If an activity is marked as independent, an LSN from the Stillwater Public Schools will verify competency with the student. *****In order for activity to be marked as independent, student must be able to perform task without reminders or assistance.*****

	Does this independently	Does it with supervision	Health Staff needs to assist	Health staff performs
Cleans hands				
Puts strip in monitor				
Pricks finger				
Lancet is changed (when) _____				
Reads meter results				
Records results				
Able to calculate correction if high value, or steps if low value				
Counts carbohydrate amounts in foods and liquids				
Able to calculate amount of insulin based on blood glucose results, and carbohydrate count in foods or liquids				
If student uses syringe: able to prepare syringe and draw up correct amount of insulin. If student uses pen: able to prime needle and dial correct amount of insulin. Student able to change the cartridge? Y or N				
Selects insulin injection site Does student clean site with alcohol? Y or N				
Injects insulin				
Disposes of sharps (lancets &/or needles)				
If needed, checks for Ketones				
Understands steps of ketone management				

Any additional information the school should know about:

Parent Signature:	Date:
School Nurse Signature:	Date:

Copy/info given to / date	
Teacher	
Principal	
Health Room/Nurse Office	
Computer	
Media	
Physical Ed	
Cafeteria staff	
Music	
Front desk staff	
Playground/paras	
Bus Company	