| E xercise and Sports | DIABETES SCHOOL CARE PLAN | | |
|--|---|---------------------------------------|--|
| A snack should be readily available at the site of exercise or sport — example | | Student | |
| Restrictions on activity, if any | | School Effective dates | |
| Student should not exercise if blood glucose level is below or above | | DOB Age Grade | |
| Water bottle should be immediately available. Have glucose meter available. | | Teacher | |
| | picture | Diabetes Type Year of Diagnosis | |
| Other considerations | | Oral Meds Injections Pump | |
| Field trips: Notify parents ahead of time in case of a needed insulin adjustment. | | Parent/guardian #1 | |
| Extra snacks, glucose monitoring supplies and glucose gel should be available. | | Telephone: Home | |
| Copy of <i>Care Plan</i> should be carried by staff. | | Work Cell | |
| Need for trained staff supervision. ——— Yes ——— No | | Parent/guardian #2 | |
| No child should be excluded from any school sponsored activity because of diabetes. | | Telephone: Home | |
| Bus travel: Bus driver should be aware of the student with diabetes. | | Work Cell | |
| Accommodations for snack to be eaten on bus if indicated and blood glucose monitoring. | Other Contact | Relationship | |
| Bus company notified: Yes No Date | Telephone: Home | Work Cell | |
| Restroom accommodations: | Primary Care Provider | Phone | |
| The student should have liberal restroom privileges or a permanent hall pass. | Diabetes Care Provider | Phone | |
| Important considerations: | Diabetes Provider | Phone | |
| If a child is dismissed from school during regular school hours, she/he needs to be accompanied by a parent or guardian. | Notify parent/guardian in the following | situations: | |
| | | | |
| Signatures | | | |
| Reviewed by Date | | | |
| student's health provider | Location of Supplies | Nurse's Office with Child Other | |
| Acknowledged/received by Date | Other | | |
| parent/guardian | Blood glucose meter /strips | · · · · · · · · · · · · · · · · · · · | |
| Acknowledged/received by Date | Insulin supplies/delivery system | | |
| school representative | Glucagon emergency kit | | |
| Care Plan distributed to | Ketone testing supplies | | |
| | Snack foods | | |
| all necessary school personnel | Hypoglycemia treatment | | |
| 2/24/03 | | | |

| Blood Glucose Monitoring | | | | |
|--|---|---|---|--|
| Target glucose range | | | | |
| Usual times for checking glucose (che | eck all that apply) | | | |
| pre-meal | when student exhibits symptoms of low blood glucose (hypoglycemia) when student exhibits symptoms of high blood glucose (hyperglycemia) | | | |
| pre-exercise/physical education | | | | |
| post-exercise/physical education 2 hours after meals | | | | |
| other | | | | |
| Student performs glucose check: | _ independently w/su | pervision by traine | d personnel | |
| Exceptions | | | | |
| School personnel trained to monitor gl | ucose level | Location | Date of Training | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Insulin and Other Medications | pen pump (type | a) | | |
| Student performs insulin administration | pen pump (type <i>(for students w</i> n: independently | <pre>interprotect interprotect interprotect</pre> | al student pump information sheet) v trained personnel | |
| Insulin delivery system: syringe Student performs insulin administration | pen pump (type <i>(for students w</i> n: independently | ////////////////////////////////////// | al student pump information sheet) | |
| Insulin delivery system: syringe Student performs insulin administration Explanation of supervision | pen pump (type <i>(for students w</i> n: independently | <pre>interprotect interprotect interprotect</pre> | al student pump information sheet) r trained personnel | |
| Insulin delivery system: syringe Student performs insulin administration Explanation of supervision | pen pump (type <i>(for students w</i> n: independently | <pre>interprotect interprotect interprotect</pre> | al student pump information sheet) r trained personnel | |
| Insulin delivery system: syringe Student performs insulin administration Explanation of supervision School personnel trained | pen pump (type <i>(for students w</i> n: independently | <pre>interprotect interprotect interprotect</pre> | al student pump information sheet) r trained personnel | |
| Insulin delivery system: syringe Student performs insulin administration Explanation of supervision School personnel trained | pen pump (type (for students w n: independently | <pre>//ith insulin pumps see individual w/supervision byLocation</pre> | al student pump information sheet) v trained personnel Dates of Training | |
| Insulin delivery system: syringe Student performs insulin administration Explanation of supervision School personnel trained | pen pump (type (for students w n: independently | <pre>//ith insulin pumps see individual w/supervision byLocation</pre> | al student pump information sheet) r trained personnel Dates of Training Dosage | |
| Insulin delivery system: syringe Student performs insulin administration Explanation of supervision School personnel trained | pen pump (type (for students w n: independently | <pre>//ith insulin pumps see individual w/supervision byLocation</pre> | al student pump information sheet) r trained personnel Dates of Training Dosage units units | |
| Insulin delivery system: syringe Student performs insulin administration Explanation of supervision School personnel trained Times, types and dosage of insulin: | pen pump (type (for students w n: independently Time | <pre>//ith insulin pumps see individual w/supervision by Location Type</pre> | al student pump information sheet) r trained personnel Dates of Training Dosage units units units units | |
| Insulin delivery system: syringe Student performs insulin administration Explanation of supervision School personnel trained | pen pump (type (for students w n: independently Time | <pre>//ith insulin pumps see individual w/supervision by Location Type</pre> | al student pump information sheet) r trained personnel Dates of Training Dosage units units units units | |

| LOW BLOOD SUGAR (HYPOGLYCEMIA) Blood glucose less | than | | | | |
|--|-----------------------------------|--|--|--|--|
| Treatment: Check blood sugar first if possible. Never send to office alone. | | | | | |
| Student's usual symptoms of hypoglycemia | | | | | |
| | | | | | |
| Treatment of hypoglycemia | | | | | |
| Recheck glucose in 15 minutes. Make sure blood glucose level is greater than | | | | | |
| If student is unconscious, having a seizure or unable to swallow: IMMEDIATELY give injection of (circle one): | | | | | |
| Glucagon IM (intramuscular) 0.5mg 1.0mg | | | | | |
| Simultaneously have someone call 911 and parents. Glucagon may cause nausea. Place child on his/her side in unconscious. | | | | | |
| HIGH BLOOD SUGAR (HYPERGLYCEMIA) Blood glucose gre | ater than | | | | |
| Student's usual symptoms of hyperglycemia | | | | | |
| | | | | | |
| Treatment of hyperglycemia | | | | | |
| | | | | | |
| | Ketone testing | | | | |
| Treatment for ketones | | | | | |
| | | | | | |
| Meals and Snacks Eaten at School | | | | | |
| The carbohydrate content of food is important in maintaining target blood glucose range. | | | | | |
| Time Food content/ | amount(grams of carbohydrate) | | | | |
| Breakfast | | | | | |
| A.M. snack | | | | | |
| Lunch | | | | | |
| P.M. snack | | | | | |
| Dinner | | | | | |
| Snack before exercise Yes No Type of snack if given | Time | | | | |
| Snack after exercise Yes No Type of snack if given | Time | | | | |
| Other times to give snacks and amount/content | | | | | |
| A source of glucose such as | should be available at all times. | | | | |
| Preferred snack Foods to avoid | | | | | |
| Instructions for food during class parties or food sampling | | | | | |
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