School Diabetes Medical Management Plan

PROVIDER INSTRUCTIONS

The purpose of this form is to ensure the safety of students with diabetes. It will aid the school nurse/personnel in developing the students Diabetes Management Plan and to meet the requirements of the California Education Code. This form will ensure that school staff has all necessary tools to manage a child's diabetes in the school setting. The form addresses treatments of hypoglycemia including administration of glucagon; treatment of hyperglycemia including ketone testing, insulin doses to be administered at school as well as precautions for exercise, and field trips/bus travel. For your convenience a HIPPA authorization form is included for the patient/family signature.

In accordance with California Education Code 49423 and 49423.5, students in need of assistance with prescribed medication during the regular school day must have on file: (1) a written statement from the physician and (2) a written statement from the parent/guardian. This form must be completed and on file in the school before a child can be given the prescribed medication.

- Designated staff, under the supervision of the school nurse, will assist students in taking medications.
- This form must be renewed yearly.
- Updates should be provided when changes occur.
- All medications must be in a container labeled by the pharmacist, including the student's name, doctor's name, name and dosage of medication.

How to Use the School Diabetes Medical Management Plan

Copy (for school, child care etc.):

- Enter specific medication and treatment information and review the instructions with the patient and/or family.
- Educate patients and/or families about factors that cause hyperglycemia and hypoglycemia and the remediation steps on the back of the form.
- Educate the parent/guardian on the need for their signature on the bottom of the form in order to authorize student to carry and self-administer own diabetes medications at school and to authorize sharing student health information with school staff.
- **Complete the form and sign the physician section of the form.**
- **Provide a copy of the form and algorithm to the school/childcare center or other third party. (This copy may also be faxed to the school)**

Copy (for chart):

- **File a copy in the patient's medical chart.**

Copy (for patients):

- **Give a completed copy to parents.**

SCHOOL DIABETES MEDICAL MANAGEMENT PLAN School _____ Grade ____ School Fax _____

Student _____ **DOB** _____ ***Effective for one year - beginning date*** _____

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Additional contribution from:
Fremont Unified School District, Hayward Unified School District,
Oakland Unified School District, San Leandro Unified School District

Revised: 6/15/10

Blood Glucose Monitoring
☐ before lunch ☐ before snack ☐ before boarding bus
☐ after school activities
AND all suspected hypoglycemia

Meal Plan Carbohydrate amount per parent/guardian
☐ a.m. snack ☐ lunch ☐ p.m. snack ☐ mandatory
Extra food allowed at: ☐ parent's discretion ☐ student's discretion

(For treatment of hypo/hyperglycemia see decision tree on back of form)

Hypoglycemia Treatment Guidelines BG <_____mg/dl

☐ Self treatment of mild lows ☐ Assistance for all lows
☒ Immediately treat with 15 gm fast-acting carbohydrate- e.g. 4 oz juice, 3-4 glucose tabs, 3 tsp glucose gel (cakemate)
☒ Recheck BG in 15 minutes and repeat above until BG > 80
☒ If more than 1 hour until meal give 15 gm Carb snack – (e.g. cheese and crackers, half a sandwich)

Severe Hypoglycemia unconscious, seizure, unable to swallow
☒ Inject **Glucagon** dosage _____ mg
☒ Lay student on side to prevent aspiration
☒ C**all 911** ☒ Notify parent/guardian

Hyperglycemia Treatment Guidelines BG >_____mg/dl

☐ If insulin therapy by **injection**: check ketones when BG > 250 **and** symptoms of ketosis (e.g. headache, stomach ache, nausea/vomiting)
☐ Insulin by **pump:** check ketones whenever BG > 250 and if ketones are present contact parent/guardian.

Ketone testing: ☐ blood ketones ☐ urine ketones
☒ If **moderate/large urine ketones/ > 0.6 mmol blood ketones** – Notify parents. Student to go home. No vigorous activity.
☒ If negative, trace or small ketones – Give student water, access to the bathroom and student may return to usual activity.

Insulin Orders ☐ Humalog ☐ Novolog ☐ Apidra
☐ No insulin at school at this time
a. ☐ Insulin delivery **injection** ☐ syringe and vial ☐ pen
Time: ☐ a.m. snack ☐ lunch ☐ p.m. snack
Meal bolus: ____ units of insulin per ____ grams of carbohydrate

Correction scale at **Lunch**

Blood Glucose Value	**Units of Insulin**
< 100 =	_____ units
100 to 150 =	_____ units
151 to 200 =	_____ units
201 to 250 =	_____ units
251 to 300 =	_____ units
301 to 350 =	_____ units
351 to 400 =	_____ units
> 400 =	_____ units

For after school correction scale see current Diabetes Clinic Visit Summary.

b. ☐ Insulin delivery **pump** – with ALL carb intake, (snack and lunch)
Use current pump setting for meal and correction bolus.

P.E. Guidelines
☒ Carbohydrate food/beverage must be available before, during and after exercise (to treat and or prevent low blood sugar)
☐ Eat 15 grams carbohydrate (no insulin bolus) before vigorous activity/exercise- e.g. running laps, etc.

Field trips and after school activities
☒ Arrange for appropriate monitoring and access to supplies

MANAGEMENT PLAN REVIEWED BY

_____
(School Nurse/Personnel name/title) **(date)**

DISASTER PREPAREDNESS PLAN

Parents to provide the following supplies
☒ 1 vial/pen of: ☐ Rapid-acting insulin _____ ☐ Basal insulin _____
☒ syringes/pen needles ☒ test strips/meter ☒ Glucagon kit ☒ 15 gram fast-acting carbohydrate source ☐ pump supplies (extra battery)

In case of emergency (food not available):
☐ 6 p.m.: Basal Insulin – Give ____ unit(s) of _____
☐ 8 a.m. and 6 p.m.: Rapid-acting Insulin correction scale - Give_____ unit(s) _____insulin for every _____ mg/dl >_____ mg/dl
☐ Insulin pump- continue regimen. If pump fails give correction dose by injection **every 3 hours** _____ insulin : ___ unit per ___ mg/dl> ____

PHYSICIAN AUTHORIZATION AND INSTRUCTIONS FOR DIABETES MANAGEMENT IN SCHOOL

My signature provides authorization for the written orders specified above. I understand that all procedures will be implemented in accordance with state laws and regulations. I understand that unlicensed school employees, who have received appropriate training by a school nurse or other health care professional with experience in diabetes, may perform specialized physical health care services. This authorization is for a maximum of one year.

Student has been instructed in the proper way to: ☐ check blood glucose ☐ administer insulin

It is my professional opinion that student should be allowed to:
☐ carry meter ☐ check blood glucose ☐ independently ☐ with supervision
☐ carry insulin ☐ administer insulin ☐ independently ☐ with supervision (dose verification)
☐ cannot self-check blood glucose ☐ cannot self-administer insulin

MD Name _____ **Signature** _____ **Date** _____

MD Phone _____ **MD FAX** _____

PARENT/GUARDIAN CONSENT FOR DIABETES MANAGEMENT IN SCHOOL

I, the undersigned, request that the following specialized physical health care services for the management of diabetes in school to assist my child in accordance to the Education Code 49423. I will:

1. Provide the necessary supplies and equipment (including a copy of operating instructions)
2. Notify school Nurse/Personnel if there is a change in my child's health status or attending physician.
3. Notify the school Nurse/Personnel immediately and provide new school form/insulin plan for any regimen changes.

I authorize the school Nurse/Personnel to communicate with my child's diabetes medical team when necessary. I understand that I will be provided a copy of my child's completed Individual Health Care Plan (IHCP) or Section 504 Plan.

Parent/Guardian Signature _____ **Phone**_____ **Date** _____

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Additional contributions from:
Fremont Unified School District, Hayward Unified School District, Oakland Unified School District, San Leandro Unified School District

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Check Blood Glucose (BG)

- At designated time per School Diabetes Management Plan
- If child complains of signs/symptoms of hypoglycemia/hyperglycemia
- If signs/symptoms of hypoglycemia/hyperglycemia are observed

Notify parent/guardian as directed.

BG ≤ 80
Adult should stay with child until BG is ≥ 80

- Unable to swallow
- Combative
- Unconscious

Adult should stay with child until BG is ≥ 80

Complete below in this order:
1. Give Glucagon injection
2. Turn child on their side
3. Call 911 and the parent or guardian

- Able to swallow
- Cooperative

- Give **15** grams of fast-acting carbs (ex: 4 oz of juice, 3-4 glucose tablets)
- Recheck BG in **15** minutes

BG < 80

Repeat treatment every 15 minutes until > 80.

BG ≥ 80

- If one hour until next meal give a snack ½ sandwich, cheese & crackers
- Child may return to class, activity etc.

If BG is not ≥ 80 after **2** treatments of 15 grams fast-acting carbs, treat with another 15 grams of fast-acting carbohydrates. Call parent/guardian

BG > 250

If insulin by injection
Check ketones if there are symptoms of ketosis (headache, nausea, vomiting)

If insulin by pump
Check ketones

Ketones are:
- Negative
- Trace
- Small

- Give insulin **if** indicated per School Diabetes Medical Management Plan
- Encourage water
- Allow bathroom access as needed

Ketones are:
- Moderate
- Large

1. Give insulin **if** indicated per School Diabetes Management Plan
2. Contact parent/guardian to pick up child
3. Encourage water
4. NO exercise

Signs & Symptoms of a Low Blood Sugar (Hypoglycemia)
Can include: hunger, shakiness; nervousness; sweating; irritability; sadness or anger; impatience; chills and cold sweats; fast heartbeat; light-headedness or dizziness; stubbornness or combativeness; lack of coordination; blurred vision; nausea; tingling or numbness of lips or tongue; headache; strange behavior; confusion; personality change; passing out.

Signs & Symptoms of a High Blood Sugar (Hyperglyycemia)
Can include: hunger, nausea; vomiting; stomach pain; fruity-smelling breath; lack of appetite; frequent urination; extreme thirst; weakness; blurry vision; warm, flushed skin; drowsiness; breathing problems; unconsciousness.

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