Diabetes Action Plan

Newman International Academy

Student Name: _____ Grade: _____ Age: _____

Homeroom Teacher: _____ Room: _____

Parent/Guardian Name: _____ Phone: _____

Relationship: _____ Email: _____

Parent/Guardian Name: _____ Phone: _____

Relationship: _____ Email: _____

Emergency Phone Contact #1 _____
Name Relationship Phone

Emergency Phone Contact #2 _____
Name Relationship Phone

Physician Treating Student for Diabetes: _____
Name Phone

BLOOD GLUCOSE MONITORING

Target range for blood Glucose is: □ 70-150 □ 70-180 □ Other _____

Times to check blood glucose (*Please check all that apply.*)

- □ Lunch
- □ After Lunch
- □ Symptoms of Hyperglycemia
- □ Other: _____
- □ Before Exercise
- □ After Exercise
- □ Symptoms of Hypoglycemia

Type of blood glucose meter used: _____

Can student perform own blood glucose checks? □ Yes □ No

INSULIN

- **Usual Lunchtime Dose**

Base dose of Humalog/Novolog/Regular insulin at lunch (circle type of rapid/short acting insulin used) is _____ units or does flexible dosing using _____ units/ _____ grams carbohydrate.

Use of other insulin at lunch: (circle type of insulin used): intermediate/NPH/lente _____ units or basal/Lantus/ Ultralente _____ units.

- **Insulin Correction Doses**

Parental authorization should be obtained before administering a correction dose for high blood glucose levels.
□ Yes □ No

_____ units if glucose is _____ to _____ mg/dl

_____ units if glucose is _____ to _____ mg/dl

_____ units if glucose is _____ to _____ mg/dl

_____ units if glucose is _____ to _____ mg/dl

_____ units if glucose is _____ to _____ mg/dl

Can student give own injections? □ Yes □ No

Can student determine correction amount of insulin? □ Yes □ No

Can student draw correct dose of insulin? □ Yes □ No

Diabetes Action Plan (Continued)

Newman International Academy

- **For Students with Insulin Pumps**

Type of pump: _____ Basal rate: _____ 12 am to _____

_____ _____ to _____

_____ _____ to _____

_____ _____ to _____

Type of insulin in pump: _____

Type of infusion set: _____

Insulin/carbohydrate ratio: _____

Student Pump Abilities/Skills:	*Needs Assistance*
Count Carbohydrates	□ Yes □ No
Bolus correct amount for carbohydrates consumed	□ Yes □ No
Calculate and administer corrective bolus	□ Yes □ No
Calculate and set basal profiles	□ Yes □ No
Calculate and set temporary basal rate	□ Yes □ No
Disconnect pump	□ Yes □ No
Reconnect pump at infusion set	□ Yes □ No
Prepare reservoir and tubing	□ Yes □ No
Insert infusion set	□ Yes □ No
Troubleshoot alarms and malfunctions	□ Yes □ No

MEALS AND SNACKS EATEN AT SCHOOL

Is the student independent in carbohydrate calculations and management? □ Yes □ No

Meal/Snack	*Time*	*Food content/amount*
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____

Snack before exercise? □ Yes □ No

Snack after exercise? □ Yes □ No

Other times to give snacks and content/amount: _____

Preferred snack foods: _____

Foods to avoid, if any: _____

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event):

_____

_____

EXERCISE AND SPORTS

A fast-acting carbohydrate such as _____ should be available at the site of exercise or sports.

Restrictions on activity, if any: _____

Student should not exercise if blood glucose level is below _____ mg/dl or above _____ mg/dl or if moderate to large urine ketones are present.

Diabetes Action Plan (Continued)

Newman International Academy

BLOOD GLUCOSE AFTERNOON CHECK

- **Hypoglycemia (Low Blood Sugar)**

Usual symptoms of hypoglycemia: _____

_____

Treatment of hypoglycemia: _____

_____

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow.

Route _____, Dosage _____, site for glucagon infection: _____arm, _____ thigh, _____ other.
If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance) and the parents/guardian.

- **Hyperglycemia (High Blood Sugar)**

Usual symptoms of hyperglycemia: _____

_____

Treatment of hyperglycemia: _____

_____

Urine should be checked for ketones when blood glucose are above _____ mg/dl.

Treatment for ketones: _____

SUPPLIES TO BE KEPT AT SCHOOL

_____	Blood glucose meter, blood glucose test strips, batteries for meter.	_____	Insulin pump and supplies
		_____	Insulin pen, pen needles, insulin tube
_____	Lancet device, lancets, gloves, etc.	_____	Fast-activing source of glucose
_____	Urine ketone strips	_____	Carbohydrate containing snack
_____	Insulin vials and syringes	_____	Glucagon emergency kit

REQUIRED SIGNATURE

I give permission for school personnel to follow this plan, administer medication and care for my child and contact my provider if necessary. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Diabetes Action Plan for my child for the _____-_____ school year.

_____ _____
Parent/Guardian Date

_____ _____
School Nurse Date