

School Year _____ **DIABETES HEALTH ACTION PLAN**

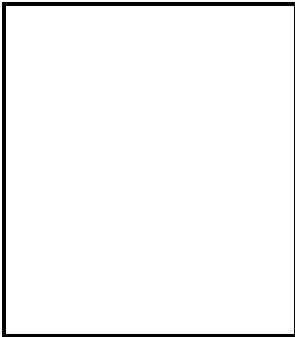
Student Name _____

Date of Birth _____ Grade _____ Grad Year _____

School _____ Teacher/HR _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION:

Please provide phone numbers in order of where we can best reach you during the school day in case of emergency



Phone 1. _____ H/C/W Name/ Relationship _____

Phone 2. _____ H/C/W Name/ Relationship _____

Phone 3. _____ H/C/W Name/ Relationship _____

Phone 4. _____ H/C/W Name/ Relationship _____

Address for Health Plan updates: _____

Email for Health Plan updates: _____

Physician student sees for Diabetes _____ Phone Number _____

Date of Diagnosis: _____ Last A1C result and date: _____

***Please refer to Children’s Hospital Individual Health Plan for Specific Diabetes Management Orders*
(Most up to date copy must be on record at school at all times)**

Blood Sugar Monitoring

Can he/she test their own blood sugars? Yes ___ No ___ Type of Meter _____ Location _____

When should blood sugars be checked?

___ Before snacks ___ Before meals ___ Before exercise/recess ___ When sick ___ High/low symptoms

Other: _____

Does child wear a continuous glucose monitor? Yes ___ No ___ Type of CGM _____

High Alert: BS over _____ mg/dL Low Alert: BS over _____ mg/dL

Insulin

Type of Insulin: _____

Insulin to Carb Ratio: _____ units per ___ grams of carbohydrates

Calculated Correction Dose:

Use when blood sugar is above _____ mg/dL

Blood sugar level minus _____ divide by _____ = _____ units to correct blood sugar

Use at non-mealtime? Yes ___ No ___

Does child wear an Insulin Pump? Yes ___ No ___ Type of Insulin Pump: _____

• Basal rate: _____

• Bolus rate: _____

Can child give their own insulin? (MD approval needed) Yes ___ No ___ With supervision: _____

Can child self-carry their meds? (Only with MD/school RN approval) Yes ___ No ___

Time of day to administer insulin:

___ before breakfast ___ before morning snack ___ before lunch ___ before afternoon snack

Other: _____

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STUDENT NAME _____ DATE OF BIRTH _____

Hypoglycemia (low blood sugar)

Please list symptoms he/she has when blood sugar is low? _____

Treatment of low blood sugar

1. Check blood sugar, (students with a CCM must always have a finger stick test to confirm hypoglycemia)
2. If blood sugar is less than _____ mg/dL, give _____ grams of carbohydrates of one of the following (if awake & alert)
 _____ oz milk _____ oz fruit juice _____ glucose tablets _____ grams of glucose gel
 Other: _____
3. Recheck blood sugar via finger stick in 15 minutes & repeat step 2 if blood sugar is less than _____ mg/dL

Has he/she ever been treated with glucagon (injection or intranasal) for a low blood sugar? Yes _____ No _____

Last date: _____

Does your child have glucagon (injection or intranasal) at school? Yes _____ No _____

Location: _____

**Students require MD & school nurse approval to self-carry*

Meals & Snacks

Student independently calculates the carbohydrates in meals/snacks? Yes _____ No _____

Student may eat carbohydrates as desired? Yes _____ No _____ (if no please specify below)

Common carbohydrate amounts and timing of meals/snacks:

Morning Snack: _____ carbohydrates at _____ AM Lunch: _____ carbohydrates at _____ AM/PM

Afternoon Snack: _____ carbohydrates at _____ PM Other: _____

Preferred snack foods: _____

Location of specified snacks: _____

Physical Activity

Test blood sugar before exercise? Yes _____ No _____ After exercise? Yes _____ No _____

Does he/she have any restriction on activity? Yes _____ No _____

Please specify: _____

Snack before exercise? Yes _____ No _____ Snack after exercise? Yes _____ No _____

He/she should not exercise if blood sugar is below _____ mg/dL or above _____ mg/dL

NOTIFY PARENTS IMMEDIATELY IF:

- Loss of Consciousness or seizure. Follow Emergency Action Plan on next page of this plan.
- Blood sugars over _____ or under _____
- Moderate to large Urine Ketones
- Abdominal pain, nausea/vomiting, diarrhea, altered breathing or altered level of consciousness
- Other: _____

For Exercise, Sports and Field trips: Quick access is needed for all diabetic supplies including blood glucose meter, snacks, juice boxes, insulin supplies, health care plan with dosing guidelines, glucagon (injection or intranasal) kit, and red sharp's container. Access to staff trained in diabetic cares and phone is also needed.

(SEE NEXT PAGE FOR EMERGENCY MEDICATION TO BE GIVEN AT SCHOOL)

NOTE: Parents are responsible for providing medication to be given during school. A Medication Authorization Form needs to be filled out and signed by a health care provider and parent annually. Medications must be in the original labeled container.

PLEASE COMPLETE & SIGN PAGE OF EMERGENCY MEDICATION THAT APPLIES TO STUDENT

EMERGENCY ACTION PLAN FOR STAFF-GLUCAGON INJECTION

If student is unable to eat or drink, is having a seizure, and/or is unconscious...

- **Call the Office for Glucagon kit & ask office staff to call a “Medical Support” response and 911** (Tell 911 dispatcher the student has Type 1 Diabetes and report the level of consciousness).
- **Give Glucagon: injection _____ mg See instructions below.**
- If student wears a pump, disconnect or cut tubing.
- Turn student on their side and keep airway clear. Student may vomit.
- Dispose of needle and syringe in red sharps container after giving injection. Do not recap needle.
- Give the Glucagon container to ambulance personnel (prescription information is on it) and tell them what time you gave the injection and site given.
- Notify parents/guardians. Administering Glucagon and calling 911 take priority over parent notification.
- Complete a Medical Support report.
- Notify district nurse and building principal, if not already done.

MIXING AND ADMINISTERING GLUCAGON VIA INJECTION

REMINDER! → Glucagon should not be prepared for injection until the emergency arises.

MIXING

- Remove the flip-off seal from the vial (bottle) of Glucagon
- Remove the needle protector from the syringe
- Inject entire contents (all the liquid) from the syringe into the vial of Glucagon (tablet inside)
- Keep your finger over the plunger so no liquid goes back into the syringe and remove the needle from the vial of Glucagon
- Gently swirl the vial until the glucagon tablet dissolves and the solution becomes clear (Glucagon should not be used unless the solution is clear and of a water-like consistency)

ADMINISTERING GLUCAGON

- Withdraw all of the solution from the vial with the same syringe
- If available, use an alcohol swab to clean the area of skin.
- Give the injection in the arm, abdomen, buttocks or top of thigh at a 90° angle.
- Insert the needle into the loose tissue under the chosen injection site and push the plunger in to inject the Glucagon solution. Use light pressure at the injection site and withdraw the needle
- After injection, DO NOT recap the needle. Place syringe with needle attached in sharps container

CAUTION

- Low blood glucose may cause seizures
- When an unconscious person awakens, they may vomit. To prevent the student from choking, turn on their side
- If glucagon is given the student will need to go to the nearest emergency room to be evaluated

Memo of Understanding:

- It is understood that a parent will complete this form and submit a Children’s Hospital Individualized Care Plan annually.
- It is understood that a parent will provide emergency medications needed at school.
- It is the responsibility of the parent to notify the school district of any changes in the health plan.

This plan and medication will be used in case of emergency and accompany student off school property. This information may be shared with the classroom teacher(s), administrators, aides, bus driver, and other appropriate school personnel with a need to know.

Parent/Guardian Signature: _____ Date _____

School Nurse: _____ Date _____

Building Administrator: _____ Date _____

Physician Signature (if applicable): _____ Date _____

EMERGENCY ACTION PLAN FOR STAFF- INTRANASAL GLUCAGON

If student is unable to eat or drink, is having a seizure, and/or is unconscious...

- **Call the Office for Glucagon kit & ask office staff to call a “Medical Support” response and 911** (Tell 911 dispatcher the student has Type 1 Diabetes and report the level of consciousness).
- **Give BAQSIMI (Glucagon): Intranasal _____ mg See instructions below.**
- If student wears a pump, disconnect or cut tubing.
- Turn student on their side and keep airway clear. Student may vomit.
- Give the Basqsimi container to ambulance personnel (prescription information is on it) and tell them what time you gave the medication.
- Notify parents/guardians. Administering Glucagon and calling 911 take priority over parent notification.
- Complete a Medical Support report.
- Notify district nurse and building principal, if not already done.

ADMINISTERING BAQSIMI (GLUCAGON) INTRANASAL

REMINDER! → Shrink wrap shouldn’t be removed or tube shouldn’t be opened until the emergency arises.

PREPARING THE DOSE

- Remove shrink wrap by pulling up on red stripe
 - Open the lid and remove the device from the tube
- DON’T PRESS PLUNGER UNTIL READY TO GIVE DOSE**

ADMINISTERING THE DOSE

- Hold device between fingers and thumb (DON’T PRESS PLUNGER YET)
- **Insert tip** gently into one nostril until finger(s) touch the outside of nose
- **PUSH PLUNGER** firmly all the way in
- Dose is complete when the green line disappears

CAUTION

- Low blood glucose may cause seizures
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