

In the Absence of the Health Center Nurse:

To provide the best care for the student with diabetes when the nurse at school or a qualified substitute nurse and the parents are not available, the parent will designate a capable adult family member who will assume responsibility for insulin administration for the student with diabetes.

Please provide at least one adult family member who may be notified to administer insulin to your child in this situation.

1. Name _____

Phone number: Home _____ Cell _____

2. Name _____

Phone number: Home _____ Cell _____

3. Name _____

Phone number: Home _____ Cell _____

Parent
Signature _____

Date _____



Nurse QUICK-LOOK Form

Name _____ Grade/ Teacher _____ School Year _____

Uses: Pump / Syringe / Pen Pump/Pen Name _____ Meter Name _____
Student can: do BG test - Yes / No administer insulin - Yes / No carry insulin/supplies- Yes / No

Blood Glucose Target Range: _____ to _____

If administering Insulin per pump, please refer to pump settings/instructions/parent for directions.

If administering Insulin per injection, Carb/Insulin Ratio: _____:_____
Correction Bolus Formula: BG minus _____ divided by _____

Time: _____ BG Testing before lunch. If BG is _____ or higher, he/she is ok to go eat lunch. If lower than 80, please see below.* Student Will / Will Not pre-bolus before lunch.

Special Notes: _____

Time: _____ He/She will return after lunch for insulin correction, given SQ/ thru the pump. Calculate carbs eaten. Administer insulin via directed route per ratio calculation.

Special Notes: _____

Time: _____ He/She will come before / after PE&Specials

Special Notes: _____

IF HE/SHE COMES IN LOW (less than 80) –

- Give a juice box (15 carbs) or 3-4 glucose tabs
- Wait 15 minutes, Retest BG
- If above 80, then ok to go to lunch/RTC
- Notify parent

IF HE/SHE COMES IN HIGH (over 300) –

- Check urine ketones – if _____ call parent
- Give insulin coverage (if 3 hours past last insulin given)
- No PE if BG over _____ AND _____ ketones
- Give water to drink
- Notify parent

FOR SNACK/TREAT

- Test BG / no need to test BG–
- Calculate carbs of snack/treat (snack less than _____ carbs is free snack)
- Administer insulin bolus as necessary**

*If low, the student may have to eat lunch in the health office.

** IF BG low before snack, check with parent. Selected snack may be a fast sugar and could be used to treat low BG

!!! For any questions, please refer to parent!



Deer Valley Unified School District

Diabetic Supply Checklist

Student Name _____ School _____

Grade/Teacher _____ School Year _____

1. Diabetes Treatment Plan for School
From Physician/Endocrinologist
From Nurse
2. Diabetes Questionnaire
3. Diabetes Self-Management Authorization
4. Supplies for School (circle supplies to be used for this student)
Blood Glucose Meter, blood glucose test strips and batteries (Please supply 2 meters, 1 for class/
1 for Health Office)

Lancing device, lancets
Insulin pen, pen needles, insulin cartridges
Insulin Pump supplies, extra sites, batteries
Insulin vials and syringes
Urine / blood ketone strips
Quick Carb resources (glucose tabs, sweet tarts, fruit chews, cake icing)
Snacks, protein snacks (cheese & crackers, string cheese, beef jerky)
Juice boxes
Case of water
Emergency glucagon
Several cans of sugar-free soda/beverage to be used during parties
5. Small plastic tub to keep extra snacks, juice and water in individual classroom
6. Other:



Diabetes Treatment Plan for School

Effective Date: _____

Student: _____ DOB: _____

Grade/Teacher : _____ School: _____

Type of Diabetes: ___Type I ___Type 2 Date of Diagnosis: _____
___Other: _____

Blood glucose Monitoring

Meter Type: _____ Blood glucose target range: _____ - _____ mg/dl

Blood glucose monitoring times: _____

For suspected hypoglycemia

At student's discretion excluding suspected hypoglycemia

No blood glucose monitoring at school

Permission to monitor independently

Assistance with monitoring and results

Supervision of monitoring and results

Check blood glucose 10 to 20 minutes before boarding bus.

Diabetes Medication

___ No insulin at school: Current insulin at home _____

___ Oral diabetes medication at school: _____

___ Insulin at school: ___Humalog ___Novolog ___Apidra ___ Other: _____

___ Insulin delivery device: ___Syringe and vial ___ Insulin pen ___ Insulin pump

___ Insulin dose for school: _____ Standard lunchtime dose: _____

___ Meal bolus: _____ units of insulin per _____ grams of carbohydrate

___ Correction for blood glucose: _____ units of insulin for every _____ md/dl above _____ mg/dl.
(Correction bolus can be given with meals or every 3 hours if blood glucose levels are high)

Correction Scale

Blood Glucose Value (mg/dl)	Units of Insulin
Less than 100	
100-150	
151-200	
201-250	
251-300	
301-350	
352-400	
More than 400	

Note: Insulin dose is a total of meal bolus and correction bolus

___ Parent/Guardian may adjust insulin doses within the following range: _____

Adapted with permission from National Association of School Nurses H.A.N.D.S., SM2010

Meal Plan

1 carbohydrate choice = _____ grams of carbohydrate

_____ Meal plan prescribed (see below)

_____ Meal plan variable

Breakfast Time: _____

of carb choices = _____

Morning snack time: _____

of carb choices = _____

Lunch Time: _____

of carb choices = _____

Afternoon Snack Time: _____

of carb choices = _____

_____ Plan for pre-activity: _____

_____ Plan for after school activities: _____

_____ Plan for class parties: _____

_____ Extra food allowed: _____ Parent/guardian's discretion _____ Student's discretion

Hypoglycemia

Blood Glucose < _____ mg/dl

_____ Self treatment of mild lows

_____ Assistance for all lows

_____ Immediately treat with 15 gm of fast-acting carbohydrate (e.g.; 4 oz juice, 3-4 glucose tabs, 6oz regular soda, 3 tsp glucose gel)

_____ Recheck blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low.

_____ If more than 1 hour until next meal or snack student should have another 15 gm of carbohydrate.

_____ If child will be participating in additional exercise or activity before the next meal, provide an additional carbohydrate choice.

_____ If student is using an insulin pump, suspend pump until blood glucose is back in goal range.

Severe Hypoglycemia

If the child is unconscious or having seizures due to low blood glucose immediately administer injection of:

Glucagon _____ mg (glucagon emergency kit)

- Immediately after administering the Glucagon, turn the student onto his side. Vomiting is a common side effect of Glucagon.
- Notify parent/guardian and EMS per protocol.

Hyperglycemia

Blood Glucose > _____ mg/dl

_____ Check ketones when blood glucose > _____ mg/dl or student is sick.

_____ Use Correction Scale insulin orders when blood glucose is _____ mg/dl.

_____ Unlimited bathroom pass.

_____ Notify parent immediately of blood glucose > _____ mg/dl or if student is vomiting.

_____ If student is using an insulin pump, follow DKA prevention protocol

Special Occasions

_____ Arrange for appropriate monitoring and access to supplies on all field trips.

Signature of Physician/Licensed Prescriber Date Print name of Physician/Licensed Prescriber

Clinic Address Phone Fax
Returned to: _____
Nurse Phone Fax