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ITASCA DISTRICT 10 DIABETES CARE PLAN

Student Name: _____ Date of Birth: _____

Date of Conference: _____

School Nurse: _____

Health Data:

_____ has diabetes. This is a condition in which the pancreas is unable to make insulin. Without insulin the body cannot change glucose into the energy a person needs to function. To compensate for the body's lack of natural insulin the student uses _____ (pump, insulin injections or oral medications). Building administration and pertinent staff members will be notified annually that the student has diabetes. Designated teachers of this student will receive a copy of the Diabetic Care Plan and 504 Plan for themselves and a second copy for the substitute teacher folder to notify alternate staff that may interact with student. Copies have been distributed to the following staff members:

_____ _____

_____ _____

_____ _____

_____ _____

With the assistance of the student, a parent/guardian, certified nurse, support nurse, and/or diabetic care aide will assist with the implementation of the student's Diabetic Care Plan. A student's basal rates and boluses must be balanced with meals, snacks and regular physical activity. To consistently achieve this balance, the student's blood sugar should be monitored frequently during the school day. The student's high and low blood sugars interfere with the ability to concentrate until the blood sugar level is corrected within normal limits. Depending on the daily classroom schedule, the student's blood glucose level may need to be checked before snack, lunch, recess, before and or after gym class, as well as when their body tells him/her that their blood sugar is low or high.

Additional information needed:

School Based Modifications:

A. Organization within the school setting
    1. Staff trained in diabetic care:

_____ _____

_____ _____

_____ _____

_____ _____

    2. Annual staff training is provided.
    3. Annual updates of Diabetes Care Plan (includes physician's orders, DMMP, 504 plan) are provided.
    4. Diabetes supplies for hypoglycemia will be kept in the nurse's office and at the following designated sites in the building:

_____

    5. As identified in the Diabetes Care Plan, students who are able to independently manage their diabetes will be provided the opportunity.
    6. HIPPA and FERPA rights of students will be maintained.

B. Goal: Student will be safe when experiencing alteration in blood sugar levels.

1. _____ Will be allowed to treat hypo/hyperglycemia as needed.

2. _____ Will be allowed to eat foods or drink liquids in the classroom as directed by his/her parents.

3. _____ Will be allowed enough time to eat entire lunch or snack.

4. _____ Will be allowed to contact his/her parent(s) or the nurse to determine when insulin bolus is needed and the correct amount of insulin to administer. The student will also be allowed to contact the nurse/parent for highs and lows, as well as adjust or stop the infusion of insulin, as indicated.

5. _____ May have his/her gym class modified as needed and can be excused from P.E. or sports, if required.

6. _____ Will identify and modify physical activity, as necessary.

7. _____ Will use the buddy system when out of the classroom and must be accompanied by another student or teacher to the nurse's office if experiencing possible low or high blood sugars.

All blood sugar results below _____ and above _____ during school hours will be called into parent/guardian. See contact information at end of document.

C. Goal: Student will be able to access the learning environment and it will be modified for unstable blood sugar levels.

1. Student will be allowed to use a water bottle and bathroom as needed while at school.
2. Additional time will be allotted when needed for instruction or test taking if his/her blood sugar is unstable.
3. Student will be allowed to monitor and provide care for his/her condition without penalty.
4. Any missed information will be explained, taught or clarified with enough time given to finish schoolwork.
5. He/she will be able to redo work if it is noted that his/her blood sugar was unstable while completing assignment.
6. Parent will provide fast acting carbohydrates (e.g. glucose tabs, regular soda, juice) for classrooms and the nurse's office.
7. Absences or tardies that are related to diabetes will be excused.
8. Student will be allowed to participate in all school-sponsored activities.
9. Trained personnel will accompany the student at school sponsored activities offered after the regular school day if parents are unable to attend.

Hypoglycemia Signs and Symptoms:
Important fact – Some children may display no symptoms at all and still have low blood sugar.

1. Shakiness
2. Pale skin
3. Sweating
4. Rapid pulse
5. Poor co-ordination
6. Dizziness
7. Fatigue – yawning, appears tired
8. Headache
9. Hunger
10. Irritability, crying
11. Slurred speech
12. Lack of concentration, day dreaming
13. Vision disturbance
14. Unconsciousness

INSTRUCTIONS FOR LOW BLOOD SUGAR:

Blood sugar _____ to _____ give _____ carbohydrates, retest blood sugar in 15 minutes.

Blood sugar _____ to _____ give _____ carbohydrates, retest blood sugar in 15 minutes.

Blood sugar below _____ and responsive, give _____ carbohydrates, retest blood sugar in 15 min.

*Carbohydrates should be fast acting like glucose tabs, juice or soda (not diet).

If low blood sugar goes untreated, the student may become very confused and weak, unable to chew or swallow fluids. The student can be given glucose gel or cake frosting in mouth. If the student has a low blood sugar and is unable to take anything by mouth or is **unconscious**, the nurse or trained person is to **give glucagon as per order**. If glucagon is administered, staff (including the nurse) is to call 911. After 911 is called, notify the student's parent/guardian. Once the student has stabilized or is transported to hospital if needed, call student's designated physician notifying him/her of the situation.

Hyperglycemia: Signs and Symptoms

1. Increased thirst
2. Increased urination
3. Headache
4. Visual Disturbance
5. Irritability

If blood sugar is above _____, bolus as the pump advises or give insulin via syringe/pen. Test for ketones, restrict activity per physician order and notify parent/guardian. Retest blood sugar in _____ minutes.

EMERGENCY CONTACTS:

1. LAST NAME _____FIRST NAME _____

CELL# _____ WORK# _____ HOME# _____

2. LAST NAME _____FIRST NAME _____

CELL# _____ WORK# _____ HOME# _____

Itasca District 10

Authorization to Provide Diabetes Care, Release of Health Care Information, and Acknowledgement of Responsibilities

As provided by the Care of Students with Diabetes Act, I hereby authorize Itasca School District 10 and its employees, as well as any and all Delegated Care Aides named in the Diabetes Care Plan or later designated by the District, to provide diabetes care to my child, _____, consistent with the Diabetes Care Plan. I authorize the performance of all duties necessary to assist my child with management of his/her diabetes during school.

I acknowledge that it is my responsibility to ensure that Itasca School District 10 is provided with the most up- to-date and complete information regarding my child's diabetes and treatment. Therefore, I consent to the release of information about my child's diabetes and treatment by my child's health care provider(s), _____, to representatives of Itasca School District 10. I further authorize District representatives to communicate directly with the health care provider(s) if needed.

I also understand that the information in the Diabetes Care Plan will be released to appropriate school employees and officials who have responsibility for or contact with my child, _____, and who may need to know this information to maintain my child's health and safety.

Pursuant to Section 45 of the Care of Students with Diabetes Act, I acknowledge that Itasca District 10 and District employees are not liable for civil or other damages as a result of conduct, other than willful or wanton misconduct, related to the care of a student with diabetes.

Parent's Signature*: _____ Date: _____

*Failure of Parent(s) to execute this document does not affect the civil immunity afforded the District and school employees by Section 45 of the Care of Students with Diabetes Act for civil or other damages as a result of conduct, other than willful or wanton misconduct, related to the care of a student with diabetes, or any other immunities or defenses to which the District and its employees are otherwise entitled.