

DIABETIC HEALTH CARE PLAN

Student _____

Grade/Homeroom _____

Contact Telephone Numbers in Priority

Call *Name* *Tel* *Location*

1. _____

2. _____

3. _____

Physician _____

Tel _____

Check Blood Glucose — Location _____

- Before lunch 1-2 hours after lunch
 Before snacks When he/she feels low or ill

Treatment for Low Blood Glucose

- Student may treat “low” with food according to schedule.
If blood glucose is less than 70, give _____
If blood glucose is less than 50, give _____
- Retest blood glucose 15 minutes after treating “low.”

CALL PARENT WHEN BLOOD GLUCOSE IS LESS THAN _____

Notify parent and record blood glucose value and treatment.

Snacks are located _____

Comments: _____

Will *Glucagon* be provided? Yes No

If yes, describe the circumstances when it should be administered _____

Treatment for High Blood Glucose

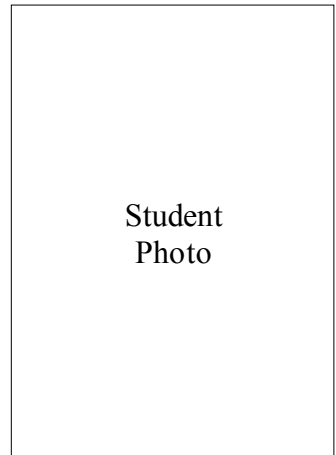
Can student draw correct dose, determine correct amount, and give own injection? Yes No

Comments: _____

Always call parent for dosage

Call parent and/or doctor when blood glucose is greater than _____

Insulin is located _____



Insulin correction Doses

Parental authorization should be obtained before administering a correction dose for high blood glucose levels.

Yes No

_____ units if blood glucose is _____ to _____ mg/dl
 _____ units if blood glucose is _____ to _____ mg/dl
 _____ units if blood glucose is _____ to _____ mg/dl
 _____ units if blood glucose is _____ to _____ mg/dl
 _____ units if blood glucose is _____ to _____ mg/dl

MANAGEMENT OF DIABETES IN SCHOOL

The checklist below indicates the activities that are self-managed, those needing assistance from school personnel and those requiring parental involvement. The following checked activities apply to

_____ and must be performed during the
 _____ student
 school day in order to maintain glucose control.

Activity/Skill	Independent Student	School Assistance	Parental Involvement
Blood glucose monitoring			
Insulin injection dosage			
Insulin injection administered			
Selection of snacks and meals			
Treatment for mild hypoglycemia			
Testing for urine ketones			

 Physician Signature

 Date

 Parent Signature

 Date