

Richland District 88a Diabetes Management Plan and Medication Authorization
School Year _____ to _____

Student's Name _____ DOB _____ Effective Date _____

**** Any changes must be authorized in writing by the licensed Medical Provider

When should Blood Glucose be monitored and Coverage Given while at school? (Mark below):

_____ Lunch _____ Before snacks _____ Before Party Treats _____ Other: _____

Type of Insulin to be given (Circle one) Rapid or Short Acting: Aphidra / Humalog / Novolog / Regular
Intermediate or Long-Acting given at home (Circle One): NPH / Lantus / Levemir _____ units daily

Insulin to Carb Ratio: _____ units / _____ grams OR Fixed Lunch Dose _____

Correction Factor(Insulin Sensitivity): _____ units per _____ mg/dl over _____ mg/dl

Correction Factor Formula: Student's Blood Glucose Minus Target Blood Glucose Divided by Correction Factor = Insulin Dose

Please note*** Parent/guardian will be contacted to calculate the child's dose in the absence of the building nurse.
For students with Insulin Pumps: Parent is expected to send a backup dose of short acting Insulin to be kept at school in the event of pump failure. School staff will not change Insertion sites/tubing etc.

*** Please provide specific orders below for Insulin to be given until a parent can come to school to replace the set or pick up the child. _____

Table with 3 columns: Child is able to (Circle all that apply), Blood Glucose Monitoring Times (Check all that apply), and INSULIN PUMP: (If applicable) Type: Basal Rates: TIME Rate (Units/Hour)

Meals/Snacks at school: _____ Lunch _____ AM Snack _____ PM Snack _____ Party Snacks _____ Other _____
*If student can not have party snacks that other parents send, but can have an alternative snack please make note below. Parent will be responsible to provide teacher with a supply of alternative snacks. _____

EXERCISE & SPORTS: Student should not exercise if blood glucose is < _____ mg/dl or > _____ mg/dl

*****Students with Insulin Pumps will keep their pump on at school during gym & recess unless noted below by the students' health care provider. If pump is to be removed at school, please note the circumstances it should be disconnected: _____

Supplies to be provided by parents: Blood Glucose Monitor and all monitoring supplies, Insulin and administration supplies, Glucagon emergency kit (if ordered), snack foods, fast acting glucose source(s), Ketone testing supplies, extra batteries.

TREATMENT OF LOW or HIGH BLOOD SUGARS
Signs of low blood sugar may include: irritability, tremors, sweating, fatigue, shakiness, pallor, crying, light headedness, confusion, drowsiness, seizure or coma, restlessness/hyperactivity.

Treatment for low blood sugar (< _____ mg/dl) or symptomatic: _____

Fifteen minutes after treatment if blood sugar is (< _____ mg/dl): _____

Signs of high blood sugar may include: thirst, frequent urination, headache, fatigue
Treatment for high blood sugar (> _____ mg/dl) (Indicate those that apply: insulin, water, check for ketones, etc.) _____

GLUCAGON: If child becomes unconscious or has a seizure give Glucagon _____ mg subcutaneously.
Call 911 and parents. Do not force eating or drinking. Turn on side.

PLEASE MARK THIS AREA AS INDICATED: Parent must also complete the Richland School Medication Authorization Form.

- I hereby certify that the above information is complete and will allow for the proper care and monitoring of my child/patient while at school and that I have provided the school with all information that I have, in writing, that they will need to reasonably care for and monitor my child's health related to his/her diabetic condition.
I hereby certify that my child can monitor and manage his/her care without supervision from school personnel except in emergencies.
I give permission for the school nurse to contact my doctor's office and speak with them regarding Diabetes Care at school.

Parent/guardian Signature: _____ Date _____
Parent/Guardian Daytime Number(s) _____

Physician Name Printed _____ Signature _____
Physician Phone Number: _____ Date _____