

**Andover Public Schools  
DEPARTMENT OF HEALTH SERVICES**

**Medical Management for Diabetes**

**To be signed by physician** (may have input from parents and school nurse)

Diabetes Care Plan for \_\_\_\_\_ School \_\_\_\_\_ Effective Date: \_\_\_\_\_

(Name of Pupil)

Date of Birth: \_\_\_\_\_ Age of Onset: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

**Contact Information:**

Parent/guardian #1(call first): \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/guardian #2: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pupil's Doctor/Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Nurse Educator: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (if unable to contact parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Hospital Choice:** \_\_\_\_\_ **Known Allergies:** \_\_\_\_\_

**Blood Glucose Monitoring** Type of blood glucose meter student uses: \_\_\_\_\_

Target range for blood glucose: \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl

**Times to test:** \_\_\_\_\_ Finger stick \_\_\_\_\_ CGM (Type) \_\_\_\_\_

\_\_\_\_\_ mid-morning \_\_\_\_\_ before exercise/PE \_\_\_\_\_ when student exhibits symptoms of hyperglycemia

\_\_\_\_\_ pre-lunch \_\_\_\_\_ after exercise \_\_\_\_\_ when student exhibits symptoms of hypoglycemia

\_\_\_\_\_ mid-afternoon \_\_\_\_\_ other (explain): \_\_\_\_\_

Times to Compare CGM to Finger stick: \_\_\_\_\_ Hypo/hyper-glycemia \_\_\_\_\_ Before Meals/Snacks (insulin)

Can student perform own blood glucose tests? \_\_\_\_\_ Yes \_\_\_\_\_ No Exceptions: \_\_\_\_\_

When should CGM be calibrated at school: \_\_\_\_\_

**Insulin** Routine Insulin (supplemental on next page)

**BREAKFAST – given:**

\_\_\_\_\_ before meal \_\_\_\_\_ after meal

\_\_\_\_\_ units **OR**

\_\_\_\_\_ units/ \_\_\_\_\_ grams of carbohydrates

Type: \_\_\_\_\_

Parents may change insulin / carbohydrate ratio by \_\_\_\_\_

Can student give own injections? \_\_\_\_\_ Yes \_\_\_\_\_ No Can student determine correct amount of insulin? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can student draw correct dose of insulin? \_\_\_\_\_ Yes \_\_\_\_\_ No Other Notes: \_\_\_\_\_

Home insulin: Type \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Diabetes – diabetic plan krb

**LUNCH – given:**

\_\_\_\_\_ before meal \_\_\_\_\_ after meal

\_\_\_\_\_ units **OR**

\_\_\_\_\_ units/ \_\_\_\_\_ grams of carbohydrates

Type: \_\_\_\_\_

### For Students with Insulin Pumps:

Type of pump: \_\_\_\_\_

Is student competent regarding pump? \_\_\_\_ Yes \_\_\_\_ No

Insulin/carbohydrate ratio: \_\_\_\_\_

Can student effectively troubleshoot problems (e.g. ketosis, pump malfunction)? \_\_\_\_ Yes \_\_\_\_ No

Correction factor: \_\_\_\_\_

Suspend pump for \_\_\_\_\_ minutes for glucose < \_\_\_\_\_. May disconnect pump for contact sports \_\_\_\_ Yes \_\_\_\_ No

Comments: \_\_\_\_\_

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### For Hypoglycemia

Common symptoms: \_\_\_\_\_

**Glucagon ordered?** \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ 1 unit (1mg) \_\_\_\_ 1/2 unit (1/2 mg) : give if student is unconscious, having a seizure, or unable to swallow or \_\_\_\_\_.

- **Give Glucagon** (School Nurse will administer Glucagon IM; designated trained school personnel will administer Glucagon SubQ).
- **Call 911**
- **Notify parent or emergency contact (see page 1)**
- **Notify physician if unable to reach parent or emergency contact (see page 1)**

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Blood glucose below 30 mg and conscious treat with: \_\_\_\_\_

If blood glucose 31-69 mg treat with: \_\_\_\_\_

Recheck Blood Glucose 15 minutes following oral treatment. If blood glucose is still below 70, may repeat oral treatment and recheck blood glucose again in 15 minutes.

- \* **If blood glucose is still below 70 or \_\_\_\_**, repeat oral treatment and notify a parent or emergency contact who may pick up the pupil and care for him/her until blood glucose has been above 90 for at least 1½ hrs.
- \* **If blood glucose is above 70 or \_\_\_\_**, follow with a protein snack. Pupil may return to class if he/she is not experiencing any symptoms of hypoglycemia. \_\_\_\_\_

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**Blood Glucose Target range is** \_\_\_\_\_

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**For Hyperglycemia :**

Always encourage water for glucose > \_\_\_\_\_.

Check ketones if glucose is  $>$  or  $=$  \_\_\_\_\_.

No exercise / recess / PE if glucose is  $\geq$  \_\_\_\_\_ and / or \_\_\_\_\_ ketones.

\*Send home for glucose level of \_\_\_\_\_ and / or \_\_\_\_\_ ketones\*.

### When supplemental insulin is given at school:

Administer supplemental insulin when Blood Sugar is > \_\_\_\_\_.

May hold if student just participated or is immediately scheduled to participate in strenuous prolonged physical activity YES NO and glucose is within the following range \_\_\_\_\_.

Calculate insulin needed as follows; Blood glucose - Target number = \_\_\_\_\_ Divided by correction factor of \_\_\_\_\_.  $BG - TN / CF = \text{units to be given.}$

Can administration of supplemental insulin be repeated? No / Yes If yes, frequency \_\_\_\_\_.

Indications and amount: \_\_\_\_\_

Other: \_\_\_\_\_

After supplemental insulin, recheck in 60 minutes. If level is still elevated, parent or parent-designees will be notified to pick pupil up from school and care for him/her until level is below 300 or \_\_\_\_\_.

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**Special instructions for elementary students who may have daily snack times, and parties:**

**Supplies to be kept at school:** \_\_\_\_\_

**Parent comments/concerns:** \_\_\_\_\_

**Signatures:**      **May write any additional orders/comments on back**

Approved by: \_\_\_\_\_

(Physician's Signature)

(date)

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(Physician printed name)

(Phone #)

Acknowledged/received by:

(Guardian)

(date)

## SCHOOL EXAMPLES ATTACHED:

~ \_\_\_\_\_ ~

\_\_\_\_\_ Grade

Diabetes/Insulin Reaction

(Hypoglycemia, Hyperglycemia, Insulin Shock)

### SYMPTOMS:

Irritable, trembly, weak, shaky, hungry  
Glucose \_\_\_\_\_

Skin cold and clammy to the touch, pale face,  
shallow and fast respirations, drowsy  
Glucose \_\_\_\_\_

Unconscious, possible convulsions, danger  
of swallowing incorrectly. Protect person by  
placing on side or stomach. Keep airway  
open.

**Blood Sugar usually less than \_\_\_\_\_ mg**

**Life Threatening Condition**

### STAGE:

MILD

MODERATE

SEVERE

### TREATMENT:

protein snack and sm amt. carbs; cheese and  
crackers, pb, beef jerky, 2 oz of juice if  
symptomatic; wait 15 minutes and recheck if  
needed

simple sugar 4 oz of juice (if symptomatic) carbs/  
rice krispy treat, cookies; follow with protein food -  
cheese pb or pb crackers, milk, recheck glucose  
level 15 - 20 minutes after food is injected; rest if  
needed

- 1) Glucagon injection for unconsciousness 1/2 mg  
= 1/2 syringe/repeat in 15 minutes if needed,
- 2) Simple sugar and carbs; honey, gel, 4 oz. juice,  
2 glucose tabs; repeat as needed;
- 3) then food with protein followed by recheck of  
glucose level in 15 -20 minutes
- 4) notify parent

**Important note:** This is a **LIFE THREATENING** condition. Do not leave student alone!! When student is exhibiting symptoms of hypoglycemia student is NOT to walk to and from the classroom without an escort.

### Causes of Insulin Reaction

- 1) Unusual physical exertion or exercise without increasing food or decreasing insulin.
- 2) Failure to reduce insulin after an infection
- 3) An overdose of insulin or pills due to a mistake in measuring
- 4) Mistakes in the meal plan or calculation process
- 5) Poor usage of the meal due to vomiting or diarrhea
- 6) Delay in eating a meal or snack.

### Daily Schedule

\_\_\_\_\_ has the following routine: Glucose testing at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, pm daily in the health room, and any other time during the day as needed. He usually tests glucose before eating lunch. \_\_\_\_\_ has recess at \_\_\_\_\_ with classroom snack at \_\_\_\_\_. \_\_\_\_\_ is on an insulin sliding scale dependant on the number of carbs consumed and his before lunch glucose level. He takes insulin at school before or after he eats. His blood glucose levels will be recorded daily. \_\_\_\_\_ target range for his glucose is 70-180. He should not exercise if glucose is below 70. If glucose is above 300, \_\_\_\_\_ movement, and give plenty of water. \_\_\_\_\_ may check for ketones at school if symptomatic. \_\_\_\_\_ may have extra snacks as indicated by any low blood glucose level, symptoms, or by student perception of "feeling low". Snacks will be kept in the classroom as well as the health room. Call parent after treatment for glucose out of normal limits or for any questions. Parents will be alerted of any low blood glucose level.

### Important Phone Numbers

\_\_\_\_\_ (dad) \_\_\_\_\_ hm  
\_\_\_\_\_ work \_\_\_\_\_ cell

\_\_\_\_\_ (mom) \_\_\_\_\_ hm  
\_\_\_\_\_ work \_\_\_\_\_ cell

\_\_\_\_\_, (emergency  
contact) \_\_\_\_\_

**Health Office:** 218-4630 ext. 3

**Nurse Kellie:** 218-4830 ext 3 or  
250-0116 cell

**Dr.** \_\_\_\_\_

## Diabetic Flow Sheet

NAME: FIRST LAST

Mrs. \_\_\_\_\_ 3rd grade ext. \_\_\_\_\_ Health Room ext 53115

xxxxxxx (mom) 000-0000 cell 000-000-0000 home:xxxxxx (dad) 000-0000 cell, 000-0000 work, 000-0000 home

### Glucose levels w/treatment via OmniPod (Freestyle) Pump w/Dexcom Sensor

Substitute nurses: ALWAYS CALL KELLIE BAMFORD, Lead RN when pump alarms or when checking blood sugars and dosing !  
"No EXCEPTIONS\* 316-250-0116 or #53299

SCHEDULE		ORDERS - Call Kellie for any ? 250-0116 or ext. 53299	
840-940	math	Glucagon orders:: give 1 unit if student is unconscious, having a seizure, or unable to swallow <b>ALWAYS CALL 911 IF GLUCAGON GIVEN</b>	
940-1010	MTSS Tier II	<b>BLOOD SUGAR BELOW 30</b>	IF not unconscious, administer simple sugar carbohydrates (honey, gel frosting, 2 glucose tabs )
1015	Glucose check	<b>If blood sugar below 45 mg ;</b>	Simple sugar (4 oz juice) then follow with carbohydrates + protein snack (PB crackers, milk). Recheck blood glucose 15-20 minutes after food is ingested. Rest if needed.
1015-1100	AMP ; PE is C day	<b>If retest still below 70 after treatment and 15 minute retest</b>	Repeat oral treatment and notify parent to pick up until glucose above 90 for at least 1 1/2 hours
1100-1140	Library / Counselor variable	<b>If retest above 70 after treatment and 15 minute</b>	If no hypoglycemic symptoms may return to class
1140-1155	Recess	<b>Below 70</b>	Give 15-20 gms quick acting carb (give 4 oz juice) /follow with protein snack (pb crackers x2). Retest in 15 minutes.
1205-1235	Pre-Lunch Glucose Test/Glucose test finger stick compare to pump reading/ recalibrate pump right away-BG to update sensor YES	<b>Target range is 70 - 180</b>	TARGET RANGE
1235	insulin post lunch in office--insulin is 1 unit per 18 gms of carbs per pump	<b>180 - 299</b>	Encourage water <b>Supplemental Insulin up to 4u may be given for BS above 250 with or without ketones</b>
1235-235	ELA	<b>Above 300</b>	Check ketones. Encourage water. Give supplemental insulin .
235	Glucose check	<b>Above 350</b>	No exercise if above 350, check ketones and encourage water. Give supplemental insulin
240-255	Recess	<b>Above 400</b>	Send home for moderate ketones when above 400.
300-330	Writing	<b>Supplemental Insulin above 250</b>	Use a 1:120 ratio or 1u insulin:120 glucose. Insulin target = 150 BS (ex. Give =2units for 390 blood sugar). May return to school if below 200 for 2 hours.
Please ALWAYS refer to Physicians order			
Always do finger stick and compare to pump sensor reading when giving insulin or with pump alarm (low or high glucose values)			