

School: _____ This information expires on June 30, _____

SCHOOL-BASED CARE PLAN for the STUDENT with DIABETES

Name: _____ Birth Date: _____

Address: _____

Parents/Emergency Contact: _____ Home Phone: _____

Work Phone: _____ Pager/Cell: _____

SYMPTOMS SPECIFIC TO STUDENT

Low blood sugar

High blood sugar

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

TO BE COMPLETED BY PHYSICIAN

The following activities will require supervision and/or assistance for _____ during the school day.

Please check all that apply:

- May self test?
- Blood glucose testing Daily at _____
- Blood glucose testing As needed per symptoms
- Target glucose range _____
- Low blood sugar range _____
- Intervention _____
- High blood sugar range _____
- Intervention _____
- Ketone Checks If glucose levels over _____ mg/dl
- Administer Glucagon For following symptoms _____
- Insulin Administration See attached schedule
- Snack Daily at _____
- Snack As needed

Training for the above procedures will be provided by: _____

Parent/Guardian Signature

Physician's Signature

Address

Telephone Number

SIGNS OF A DIABETIC EMERGENCY

LOW BLOOD SUGAR (HYPOGLYCEMIA)

ONSET CAN BE RAPID. MOST LIKELY TO OCCUR AT PEAK INSULIN ACTION TIMES, SUCH AS BEFORE LUNCH.

SIGNS:

FAINTNESS/WOOZINESS/SHAKINESS
FATIGUE
SWEATING
DIZZINESS/WEAKNESS
PALE SKIN/CLAMMY SKIN
INAPPROPRIATE ACTIONS/CONFUSION
IRRITABILITY/MOOD CHANGES/CRANKINESS
DIFFICULTY FOLLOWING INSTRUCTIONS
COMBATIVENESS
INCOHERENT SPEECH
UNCONSCIOUSNESS

SYMPTOMS:

MUSCLE CRAMPING
HUNGER
NERVOUSNESS
STOMACHACHE
BLURRED VISION/HEADACHE
CONVULSIONS

HIGH BLOOD SUGAR (HYPERGLYCEMIA)

ONSET MAY BE GRADUAL OR RAPID AND CAN LEAD TO SEVERE ILLNESS OR EVEN DEATH

EXCESSIVE THIRST AND FREQUENT URINATION
BLURRED VISION
DROWSINESS/FATIGUE
ABDOMINAL PAIN
NAUSEA
VOMITING
LABORED BREATHING AND
FRUITY SMELLING BREATH

CHILDREN AND YOUTH THAT DISPLAY THESE SYMPTOMS SHOULD BE RESPONDED TO IMMEDIATELY. EACH CHILD MAY REACT DIFFERENTLY. YOU SHOULD HAVE A LIST OF SYMPTOMS EACH CHILD MAY EXHIBIT ON FILE ALONG WITH HOW TO RESPOND. FOR ANY OF THE ABOVE SIGNS & SYMPTOMS, REPORT INCIDENT TO THE CHILD'S PARENT/GUARDIAN.

IF THE CHILD IS VOMITING AND IS UNABLE TO TAKE FLUIDS, CONVULSING OR BECOMES UNCONSCIOUS, OR IF YOU ARE UNCERTAIN OF WHAT TO DO

CALL 911 AND THE CHILD'S PARENT/GUARDIAN