

Westford Public Schools Diabetes Individual Health Care Plan

Attach student picture here.

Student's Name: _____ School Year: _____
 DOB: _____ Teacher: _____ Grade: _____

Emergency Contacts:

Parent/Guardian Name(s)	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____

Other Emergency Contact if parent/guardian is unavailable:

Name: _____ Relationship: _____ Tel. #: _____

Primary Care Provider: _____ Tel. #: _____

Diabetes Care Provider: _____ Tel #: _____

Diabetes Nurse Educator: _____ Tel. #: _____

Diabetes Type I Type II Year of Diagnosis: _____

Blood Glucose Monitoring

Target glucose range

_____ mg/dl to _____ mg/dl

Usual times for checking glucose (*check all that apply*)

- pre-meal
- 2 hours after meals
- when student exhibits symptoms of low blood glucose (hypoglycemia)
- pre-exercise/physical education
- when student exhibits symptoms of high blood glucose (hyperglycemia)
- post-exercise/physical education
- other

Student performs glucose check:

- independently
- w/supervision by trained personnel

Exceptions: _____

Insulin and Other Medications

Doctor's orders attached

Insulin delivery system:

syringe pen pump (type) _____

Student performs insulin administration:

independently w/supervision

Explanation of supervision: _____

Times, types and dosage of insulin:

Time	Type	Dosage	units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Insulin/carbohydrate ratio _____

Correction factor _____

(maybe rounded to nearest whole unit if using syringes.)

List other Medications:

Medication	Dose/Route	Time	Purpose
_____	_____	_____	_____
_____	_____	_____	_____

Location of Supplies

	Nurse's Office	with student	Other
Blood glucose meter / strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin Supplies / delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucagon emergency kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketone testing supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snack foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypoglycemia treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Westford Public Schools Diabetes Individualized Health Care Plan

Low Blood Sugar (Hypoglycemia)

Blood glucose less than _____

My student's reaction to low blood sugar is:

Treatment of hypoglycemia:

If student is unconscious, having a seizure or unable to swallow: **IMMEDIATELY** give injection of Glucagon IM (check one):

0.5mg 1.0mg

High Blood Sugar (Hyperglycemia)

Blood glucose greater than _____

My student's reaction to high blood sugar is:

Treatment of hyperglycemia: _____

If blood sugar is above _____, check ketones. If blood sugar is below _____ or above _____, he/she may not participate in sports activity.

For Students on Insulin Pumps:

- Student has been trained to independently perform routine pump management including, but not limited to giving boluses, changing insulin infusion set and switching to injections should there be a pump malfunction.
- Non independent management
 - Pump calculates insulin dose
 - Insulin for meals and snacks will be given and verified as follows: _____
- Insulin for correction of blood glucose over _____, will be given and verified as follows: _____

Contact the Parent for the following (check all that apply)

- Pump alarms/malfunctions
- Soreness/redness at site
- Detachment of dressing/infusion set out of place
- Leakage of insulin
- Student must give insulin injection
- Corrective measures don't return blood glucose to target range within hrs
- Student has to change site
- Other: _____

Student Understanding of Diabetes Management

Is your student able to recognize symptoms of hyper/hypoglycemia? Yes No

Seek appropriate assistance? Yes No

Understands dietary regimen? Yes follows appropriate diet independently
 No needs supervision/reinforcement

Understands the balance of insulin, activity and exercise? Yes No

Can apply knowledge of diabetes independently? Yes Needs assistance

Please explain: _____

I consent to have the school nurse, or school personnel designated by the school nurse, carry out the above plans. I give permission for the school nurse to share information and to complete staff training in order to carry out the above plans as determined appropriately for my student's health and safety.

Parent/Guardian Signature _____ Date _____

Physician's Signature _____

Date _____

School Nurse's Signature _____ Date _____ Staff training dates _____

Notice: Westford Public Schools are concerned with the safety and well being of all its students. During school hours a nurse is on duty to provide assessments, first aid, emergency care and medication administration. There is no nurse available during before-school and after-school programs and organized activities (e.g., sports, clubs). If an emergency arises, staff will activate the emergency medical system and the student will be transported to the nearest hospital. Note that after-school personnel cannot deliver medical procedures or obtain or administer medications.