

## DIABETES SCHOOL CARE PLAN      2009-2010

Name:

Date of Birth:

This child has diabetes mellitus, and is insulin dependent. Please use the following guidelines.

### **Blood Glucose Monitoring** (supplies to be brought by the child)

To be done before lunch, before and after PE/recess, or for symptoms of a high or low blood sugar.

To be done 30 minutes prior to getting on the bus to go home. (**Important:** The patient must have a blood sugar > 80 mg/dL to ride home on bus. Follow hypoglycemia guidelines if BS < 80 mg/dL.)

### **Management of Hypoglycemia:**

Definition: Blood sugar < 70 mg/dL. May accompany symptoms of low blood sugar such as feeling shaky, sweaty, hungry, irritable, withdrawn, sleepy, being unarousable or seizure.

What to Do: If symptoms occur, confirm low blood glucose by testing with meter. If no symptoms and glucose < 70 mg/dL, repeat test. If still low, treat as outlined below.

Treatment if patient is conscious:

- Give 15 grams of rapidly absorbed carbohydrate (4 oz orange juice or regular soda, 3 glucose tablets, 4-5 hard candies, ½ pack Life Savers).
  
- Recheck blood sugar in 20 minutes. If blood sugar remains below 70 mg/dL, repeat.
  
- If the next meal is more than 30 minutes away, should add a protein source (4 cheese cracker sandwiches, 8 oz milk, or peanut butter on 1 slice of bread) to treatment to ensure hypoglycemia does not reoccur.

Treatment if patient is unconscious/seizing:

- The patient should receive **Glucagon 1 mg IM**. Call 911 and notify mom if glucagon is used. Glucagon is associated with vomiting, which usually subsides within 30-60 minutes if it occurs. Oral glucose should be given when patient regains consciousness.

## **Management of Hyperglycemia:**

Definition: Blood sugar > 300 mg/dL. May accompany symptoms such as having to urinate frequently or thirst.

What to Do: Check urine ketones as outlined below. If ketones are small (15) or less, may return to class but should drink 24-32 oz of sugar free fluids over the next two hours. You do not need to treat with additional insulin shot or bolus, and this may cause a low.

## **Urine Ketone Testing**

To be done whenever the blood sugar is > 300 mg/dL x 2 consecutive readings or the child is ill (especially abdominal pain, nausea, or vomiting).

## **Management of Ketonuria:**

If the urine ketones are small (15) or less: The abdominal pain and vomiting are not from ketones and routine diabetes care should be used.

If the urine ketones are moderate (40) or large (80): Contact parent and notify them that the child will need to be taken home and treated appropriately to clear ketones.

- Treatment includes giving large amounts of fluids to flush out existing ketones through the urine, and intermittent boluses of insulin to shut off ketone production.
- Pumps: Change out the pump site and give **shot** of insulin using correction factor.

## **Insulin Dosing:** Humalog/Novolog by syringe, pen, or pump bolus.

Give the lunchtime shot prior to eating lunch, per the following guidelines. Shot should be the sum of insulin to cover carbs eaten plus extra insulin to reduce a blood sugar if it is elevated.

For snacks, insulin does not need to be routinely given.

- Limit snacks to 15g carbohydrate maximum if not accompanied by an insulin shot.
- If insulin is given, use carbohydrate ratio (A) only. Do NOT give correction (B) for blood sugar.

A. **1 unit** per \_\_\_\_g carbohydrate to be eaten, PLUS

B. ADD an additional **1** for every \_\_\_\_ mg/dL the pre-prandial blood sugar is over \_\_\_\_mg/dL. (Correction shown below)

**BG scale**      **extra units**

## Additional Guidelines

Pumps: Keep a vial of “backup” insulin at school to be used in an emergency

Scheduled Snacks: \_\_\_\_\_ (allow 15-20gms if BG less than 250mg/dL)

Have free and unrestricted access to water and the bathroom:

o If blood sugar values are running high, this may be a necessity because symptoms of hyperglycemia are excessive thirst and urination.

Parent/Guardian#1: \_\_\_\_\_ Home: \_\_\_\_\_ Cell/Emerg: \_\_\_\_\_

Parent/Guardian#2: \_\_\_\_\_ Home: \_\_\_\_\_ Cell/Emerg: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Home: \_\_\_\_\_ Cell/Emerg: \_\_\_\_\_

**Physician Office:** (706) 721-4158. Ask for Meredith McKnight, RN, CDE

**SIGNATURES:** I understand that all treatments and procedures may be performed by the student and/or unlicensed personnel within the school or by EMS in the event of loss of consciousness or seizure. I also understand that the school is not responsible for damage, loss of equipment, or expenses utilized in these treatments and procedures. I give permission for school personnel to contact my child’s diabetes provider for guidance and recommendations. I have reviewed this information form and agree with the indicated information. This form will assist the school in developing a health plan and in providing appropriate care for my child.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_