Madison County Schools **School: _____** **School Year: _____**

MANAGEMENT PLAN FOR STUDENTS WITH TYPE II DIABETES

SECTION I – Parent (Please Print)

Student Name:	DOB:	Weight:
Medications Taken At Home:		
Transportation To and From School:	AM:	PM:
Allergies:		

Parent Name	Cell Phone	Work Phone

Emergency Contact Name	Relationship to Student	Cell Phone	Work Phone

Physician:	Phone Number:
Preferred Hospital in Case of Emergency:	

Do you have any Religious Objections to Medical Treatment: ☐ Yes ☐ No

If "yes", describe: _____

Section II - Physician:

SNACK	Times snacks are to be eaten: _____ Snacks = _____ gm. carbs
MEAL PLAN	1. Diet prescribed by physician: _____ grams of carbohydrate per meal. ***** A completed and signed diet order form is required for any change to cafeteria meal plan.
BLOOD GLUCOSE TESTING	1. Blood glucose target range: _____ mg./dl to _____ mg./dl 2. Check blood glucose? □ **No** □ **Yes (If "YES", complete a-c)** a. Circle all that apply: before meals / 1-2 hours after lunch before snacks/class parties / student feels "low" or "ill" before getting on bus / before P.E. before school dismissal / Before driving: Target Range: _____ b. Student will do so: (Circle one) independently independently with adult supervision with assistance from an adult c. Glucometer will be kept: □ On person □ In School Nurse's office
BLOOD SUGAR CONTROL *****A School ***Prescriber/Parent Authorization Form*** is required for each medication ordered for administration in school setting)	1. Student requires oral medication at school to control blood glucose? □ **No** □ ***Yes** a. Name of medication: _____ Dosage: _____ 2. Student requires insulin? □ **No** □ ***Yes (If "YES", complete a-e)** a. Insulin: _____ □ Injection w/syringe □ Injection w/insulin pen b. Insulin dose based on "carb counting"? □ No □ Yes **OR** only if BG ≥ _____mg/dl c. Insulin order is as follows: _____ d. Insulin dosage calculation: (Circle One) 1. Student calculates dose independently 2. Student calculates dose independently with adult supervision 3. Dose calculated with assistance of or by an adult e. Insulin administration: (Circle One) 1. Student administers insulin independently 2. Student administers insulin independently with adult supervision 3. Insulin administered with assistance of or by an adult
KETONES	1. Student to check □ urine □ blood for ketones when blood glucose ≥ _____mg/dl 2. Limitations when ketones present? □ Yes □ No If "yes", please list: _____

Type II DIABETES EMERGENCY ACTION PLAN

Note: In cases of <u>any</u> health concern regarding diabetic students, please observe the following precautions:
(1) Notify nurse to come to classroom, OR
(2) Have <u>adult</u> accompany student to nurse's office AND
(3) Notify nurse that student is being sent to office

IF YOU SEE THIS…	**DO THIS…**
Student exhibiting signs of **LOW** blood sugar: • shaky • irritable • sweating • Other: _____	1. Check blood glucose (BG) 2. If blood glucose < mg/dl, student will eat a 15 gm CHO snack & recheck BG in fifteen minutes. 3. If BG recheck is still < _____ mg/dl, repeat 15 gm CHO If BG recheck is at target, eat meal or snack w/protein 4. If > 30 minutes to mealtime and/or there is no Improvement, call parent.
Student confused and/or unable to follow simple verbal commands.	1. Check blood glucose if not checked previously 2. Administer glucose paste or cake icing gel to inside of cheeks
Student becomes unconscious, despite using glucose paste or gel. (***School Medication Provider/Parent Authorization*** form required for each medication to be administered	1. Glucagon ordered? □*** Yes** □ **No** 2. **If ordered**, administer glucagon IM Dose - 0.5 mg. or 1 mg. (circle one). Place student on his/her side and call 9-1-1. **3. If glucagon not ordered**, place student on his/her side, **follow Step #2 in section above** and call 9-1-1**.** 4.. Call parent / guardian 5. Report to EMS personnel
Student exhibiting signs of **HIGH** blood sugar: • thirsty • drowsy • nauseated • urinating frequently • Other:	1. Check blood glucose 2. Administer insulin **(*if ordered by physician)*** 3. Have student drink at least 16 ounces of water 4. If blood glucose is > _____ ml/dl, student will check urine for ketones 5. Recheck blood glucose in minutes
Blood glucose remains elevated at time of re-check and urine **ketones are NOT** present.	1. Call parent 2. Encourage student to continue to drink water 3. Encourage student to do mild exercise such as "hall-walking" with supervision
If blood glucose > _____ and **ketones ARE** present: If blood glucose > and ketones >	1. Restrict student from P.E. and Recess 2. Encourage fluid intake (water) 3. Call parent /emergency contact 4. **Student needs to be picked up from school**
Student begins to vomit or have diarrhea with or without ketones present.	1. Call parents / emergency contact to pick up student 2. Refer for emergent or urgent medical evaluation

I UNDERSTAND AND AGREE WITH THIS MANAGEMENT PLAN:

I give permission for my child to be transported to the hospital indicated on this form, in the event of an emergency.
I give permission for the release of my child's medical information, in the event of an emergency.

Physician Signature	Date	School Nurse Signature	Date
Parent Signature	Date	Staff Signature	Date

FOR SCHOOL NURSE USE ONLY

Medication	Self-Carry?	Self-Administer?	Expiration	Location of Medication

APR 2015