

Ocean Springs School District Diabetes History and Action Plan

Name: _____

Allergies: _____

Other Medical Conditions: _____

Diabetes Type 1 _____ Diabetes Type 2 _____ Diabetes Insipidus _____ Hypoglycemic _____

CURRENT MEDICATION PROFILE:

Drug Name: _____ Amount: _____ How Often: _____

Drug Name: _____ Amount: _____ How Often: _____

Drug Name: _____ Amount: _____ How Often: _____

Medication side effects: _____

BLOOD GLUCOSE MONITORING:

Target range for blood glucose: _____

Usual times to check blood glucose: _____

Can student perform own blood glucose checks? _____ Yes _____ No

INSULIN:

Usual lunchtime dose: _____

Base dose of _____ insulin at lunch is _____ units or does flexible dosing using _____ units/ _____ grams carbohydrate.

Use of other insulin at lunch: _____

Other insulin times: _____

Type: _____ Time: _____ Dosage: _____

Insulin correction dose at school:

_____ Units if blood glucose is _____ to _____ mg/dl.

_____ Units if blood glucose is _____ to _____ mg/dl.

_____ Units if blood glucose is _____ to _____ mg/dl.

_____ Units if blood glucose is _____ to _____ mg/dl.

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

STUDENTS WITH INSULIN PUMPS:

Type of pump: _____ Basal Rate: _____

Type of insulin in pump: _____

Type of infusion set: _____

Insulin/Carbohydrate ratio: _____ Correction Factor: _____

Student pump abilities/ skills:

Need Assistance:

Count carbohydrates	_____ Yes	_____ No
Bolus correct amount for carbohydrates consumed	_____ Yes	_____ No
Calculate and administer corrective bolus	_____ Yes	_____ No
Calculate and set basal profiles	_____ Yes	_____ No
Calculate and set temporary basal rate	_____ Yes	_____ No
Disconnect pump	_____ Yes	_____ No
Reconnect pump at infusion set	_____ Yes	_____ No
Prepare reservoir and tubing	_____ Yes	_____ No
Insert infusion set	_____ Yes	_____ No
Troubleshoot alarms and malfunctions	_____ Yes	_____ No

STUDENTS TAKING ORAL DIABETES MEDICATIONS:

Name of medication: _____ Time: _____

Other medications: _____ Time: _____

MEALS AND SNACKS EATEN AT SCHOOL:

Is student independent in carbohydrate calculations and management? _____ Yes _____ No

Meal / Snack:

Time:

Total Carbohydrate amount:

Breakfast _____

Mid-morning snack _____

Lunch _____

Mid-afternoon snack _____

Snack before exercise _____ Yes _____ No

Snack after exercise _____ Yes _____ No

Other times to give snacks and content/amount: _____

Foods to avoid, if any: _____

Instructions for when food is provided to the class (e.g. class celebration, food sampling):

EXERCISE AND SPORTS:

Parent/guardian must provide all snacks for diabetic emergencies. A fast acting carbohydrate such as should be available at the site of exercise or sports. Student should not exercise if blood glucose level is below _____ mg/dl or above _____ mg /dl or if moderate to large urine ketones are present.

HYPOGLYCEMIA (LOW BLOOD SUGAR):

Usual symptoms of hypoglycemia: _____

Treatment of hypoglycemia: _____

Glucagon maybe given if prescribed and the student is unconscious, having a seizure (convulsion), or unable to swallow. If Glucagon is required, administer it promptly. Then call 911 and parents /guardians.

HYPERGLYCEMIA (HIGH BLOOD SUGAR):

Usual symptoms of hyperglycemia: _____

Treatment of hyperglycemia: _____

Urine should be checked for ketones when blood glucose levels are above _____ mg/dl.

Treatment for ketones: _____

SUPPLIES TO BE KEPT AT SCHOOL:

_____ Blood glucose meter, blood glucose test
Strips, batteries for meter

_____ Insulin pump and supplies

_____ Lancet device, lancets, gloves, etc.

_____ Urine ketone strips

_____ Insulin pen, pen needles, insulin cartridges

_____ Fast acting source of glucose

_____ Insulin vials and syringes

_____ Glucagon emergency kit

_____ Carbohydrate containing snack

EMERGENCY CONTACTS:

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

3. _____ Relationship: _____ Phone: _____

**IF UNABLE TO CONTACT PARENT/GUARDIAN WITH NUMBERS LISTED ABOVE WITHIN A
REASONABLE AMOUNT OF TIME 911 WILL BE CALLED!**

SPECIAL INSTRUCTIONS: _____

Parent Signature

Date

Quick Reference
HYPOGLYCEMIA
(Low Blood Sugar)

Causes of Hypoglycemia

1. Too much insulin
2. Missed food
3. Delayed food
4. Too much or too intense exercise
5. Unscheduled exercise

Onset

SUDDEN

Symptoms of Hypoglycemia

Mild Symptoms

- | | |
|-----------------|------------------------------|
| 1. Hunger | 8. Sweating |
| 2. Shakiness | 9. Drowsiness |
| 3. Weakness | 10. Personality change |
| 4. Paleness | 11. Inability to concentrate |
| 5. Anxiety | 12. Other: _____ |
| 6. Irritability | |
| 7. Dizziness | |

Moderate Symptoms

- | | |
|----------------------|-------------------|
| 1. Headache | 4. Blurry vision |
| 2. Behavior change | 5. Weakness |
| 3. Poor coordination | 6. Slurred speech |
| | 7. Confusion |
| | 8. Other: _____ |

Severe Symptoms

1. Loss of consciousness
2. Seizure
3. Inability to swallow

Actions Needed:

Notify the school nurse or trained diabetes personnel. If possible check blood sugar, per student's diabetes history and action plan.

Mild Symptoms Treatment

Treatment

- *Student may/may not treat self.
- * Provide quick-sugar source.
 - 3-4 glucose tablets
 - Or
 - 4 oz. juice
 - Or
 - 6 oz. regular soda
 - Or
 - 3 teaspoons of glucose gel
- *Wait 10 to 15 minutes.
- *Recheck blood glucose.
- *Repeat food if symptoms persist
- * Follow with a snack of carbohydrate And protein (e.g. cheese and crackers)

Moderate Symptoms Treatment

- *Someone assists.
- *Give student quick –sugar source per MILD guidelines.
- *Wait 10 to 15 minutes.
- * Recheck blood glucose.
- *Repeat food if symptoms persist.
- *Follow with a snack of carbohydrate and protein (e.g. cheese and crackers)

Severe Symptoms

- *Don't attempt to give anything by mouth.
- *Position on side, if possible.
- *Contact school nurse or delegate.
- *Administer glucagon, as prescribed. (Nurse only)
- *Call 911.
- *Contact parent.
- *Stay with student.
- *Provide quick-sugar source once awake per MILD guidelines.
- *Follow with a snack of Carbohydrate and protein (e.g. cheese and crackers).

Quick Reference
HYPERGLYCEMIA
(High Blood Sugar)

Causes of Hyperglycemia

1. Too much insulin
2. Illness
3. Too little insulin
4. Infection
5. Decreased activity
6. Stress

Onset

Over time - Several hours or days

Symptoms of Hyperglycemia

Mild Symptoms

1. Thirst
2. Frequent Urination
3. Fatigue/Sleepiness
4. Increased hunger
5. Blurred vision
6. Weight loss
7. Stomach Pains
8. Flushing of skin
9. Lack of concentration
10. Sweet, Fruity breath
11. Other: _____

Moderate Symptoms

1. Mild symptoms plus:
2. Dry mouth
3. Nausea
4. Stomach cramps
5. Vomiting
6. Other: _____

Severe Symptoms

1. Mild and Moderate symptoms plus:
2. Labored breathing
3. Very weak
4. Confused
5. Unconscious

Actions Needed For Mild, Moderate, & Severe Symptoms:

1. Allow free use of the bathroom.
2. Encourage student to drink water or sugar-free drinks.
3. Contact the school nurse.
4. Call the parent/guardian and/or Call 911 for medical assistance.