Colorado Springs Early Colleges

Picture of Student

Student Health Plan
DIABETES Type 1 Type 2
Independent Management

Student		DOB					
School Nurse		Phone		Grade		Teacher	
Parent/ Guardian		Home Phone		Work Phone		Cell Phone	
Physician		Phone		Diabetes Educator		504 Plan	☐ Yes ☐ No

Student is independent with daily diabetes management and self-care

Blood Glucose Monitoring Student is able to check as needed during the school day.

Target range: _____ mg/dl to _____ mg/dl

NOTE: ***A comprehensive Individualized Health Plan is kept in the health office.***

Health Concern #1 **Low Blood Glucose (Hypoglycemia)**

Emergency situations may occur with low blood glucose.
Symptoms: shaky, feels low, feels hungry, confused

- Student is treated when blood glucose is below _____ mg/dl or if symptomatic.
- If treated outside the classroom, a responsible person should accompany student to the clinic.
- Follow directions on **Hypoglycemia Flow Chart**.

Health Concern #2 **High Blood Glucose (Hyperglycemia)**

Symptoms: increased thirst, increase in urination, headache, stomachache

- Student is treated when blood glucose is above _____ mg/dl.
- **Follow directions on Hyperglycemia Flow Chart**.

Call 911 for following

1. Student is unable to cooperate to eat or drink anything.
2. Decreasing alertness or loss of consciousness.
3. Seizure–never put anything into the mouth of a person who is unconscious or having a seizure. Roll student onto side and protect from injury.

NOTE: If Glucagon is prescribed and available, immediately contact delegated staff to administer.

Medication at School: Insulin via: ☐ Pump ☐ Syringe ☐ Pen ☐ None
Glucagon: ☐ Yes ☐ No Location in school_____
Staff delegated to administer Glucagon_____

Additional Information:

1. **Student is allowed access to fast acting glucose and test blood glucose as needed.**
2. **Student will be allowed to carry a water bottle and have unrestricted bathroom privileges.**
3. **Substitute teachers must be aware of the student's health situation**
4. **Be aware that blood glucose levels can affect ability to concentrate and perform properly on tests.**
5. **Prior to and during timed tests, i.e., CSAPs have student monitor their blood glucose. If blood glucose out of range during test, treat per care plan. Allow for student to continue taking test when student returns to normal range and asymptomatic.**
6. **Notify Parent(s) when blood glucose below _____mg/dl or above_____ mg/dl and for emergencies**.

FIELD TRIPS AND SPECIAL EVENTS Notify parents of all field trips and special events. Supervising staff will review Student Health Plan. Trained and delegated staff will provide necessary interventions for daily management and emergency care. All necessary supplies will accompany student during the trip and may include: blood glucose meter, snack and drinks, fast acting glucose, Glucagon.

As parent/guardian of the above named student, I give my permission to the school nurse and other designated staff to perform and carry out the diabetes tasks as outlined in this School Health Plan and for my child's health care provider to share information with the school nurse for the completion of this plan. I understand that the information contained in this plan will be shared with school staff on a need-to-know basis.

Parent	Date	School Nurse	Date