

*For Clinic Office Use Only*  
 Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
 Glucagon Expiration: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Summer 2022



**DIABETES CARE PLAN  
 For Students Who Receive Insulin By Injection**

DOB: \_\_\_\_\_ Grade (2021-2022) \_\_\_\_\_

Date Diagnosed: \_\_\_\_\_ Last Hospitalization: \_\_\_\_\_

Type and dosage of long-acting insulin taken at home: \_\_\_\_\_

**BLOOD GLUCOSE MONITORING:**

At school, blood glucose should be checked by: School Staff      Student

Where (clinic, classroom, etc.): \_\_\_\_\_

Target range for blood glucose is \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl.

**Check the times that blood glucose should be checked at school.** Once the student's class schedule is available, as needed, we will work with the family to make a daily glucose monitoring schedule.

Mid-morning	Before Recess	Before PE	Mid-Afternoon
Before lunch	After Recess	After PE	Before afternoon sports
Other/Comments: _____			

Student should not exercise if blood glucose is below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl.

**INSULIN REGIMEN for Students using INSULIN INJECTIONS:**

Insulin Dosage determined by: School Staff      Student      Parent

Insulin dose drawn up/injected by: School Staff      Student

Times of scheduled insulin injections: \_\_\_\_\_

Insulin/Carbohydrate Ratio: \_\_\_\_\_

Correction Factor: \_\_\_\_\_

Sliding Scale: \_\_\_\_\_

**SCHEDULED SNACKS:**

\*Snacks must be brought from home. Remind student to eat a snack? Yes  No

Target Amount/Food Content of Snacks: \_\_\_\_\_

**Check times that snacks are to be eaten at school.** Once the student's class schedule is available, as needed, we will work together to make a daily snack schedule.

Mid-morning	Before Recess	Before PE	Before afternoon sports
Mid-afternoon	After Recess	After PE	Other

**LUNCH:**

Student selects      Tray prepared by kitchen

Target Amount/Food content of Lunch: \_\_\_\_\_

**CLASS PARTIES:**

Instructions/Restrictions when food is provided to the class, e.g. class parties: \_\_\_\_\_

**EMERGENCY INSTRUCTIONS:**

If student is unconscious, unable to swallow, or having a seizure, presume student has low blood glucose and:

1. Administer \_\_\_\_\_ mg Glucagon (provided to Infirmary by parents for emergency use only).
2. Call 911 immediately and notify parents.
3. Turn student on his/her side.

Is there a history of an adverse reaction to Glucagon? Yes  No

**LOW BLOOD GLUCOSE: Below \_\_\_\_\_ mg/dl**

Usual symptoms of **LOW** blood glucose for this student—check all that apply:

<input type="checkbox"/>	Change in personality/behavior	<input type="checkbox"/>	Headache	<input type="checkbox"/>	Inattention/Confusion
<input type="checkbox"/>	Pallor	<input type="checkbox"/>	Rapid Heartbeat	<input type="checkbox"/>	Slurred Speech
<input type="checkbox"/>	Weak/Shaky/Tremulous	<input type="checkbox"/>	Nausea/Loss of Appetite	<input type="checkbox"/>	Loss of Consciousness
<input type="checkbox"/>	Tired/Drowsy/Fatigued	<input type="checkbox"/>	Clammy/Sweating	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Dizzy/Staggering Walk	<input type="checkbox"/>	Blurred Vision	<input type="checkbox"/>	Other

Treatment of **LOW** blood glucose:

**HIGH BLOOD GLUCOSE: Above \_\_\_\_\_ mg/dl**

Usual symptoms of **HIGH** blood glucose for this student—check all that apply:

<input type="checkbox"/>	Increased or Extreme Thirst	<input type="checkbox"/>	Warm, Dry, or Flushed Skin	<input type="checkbox"/>	Blurred Vision
<input type="checkbox"/>	Increased Urination	<input type="checkbox"/>	Nausea/Vomiting	<input type="checkbox"/>	Weakness/Muscle Aches
<input type="checkbox"/>	Increased Appetite	<input type="checkbox"/>	Abdominal Pain	<input type="checkbox"/>	Fruity Breath Odor
<input type="checkbox"/>	Tired/Drowsy	<input type="checkbox"/>	Rapid, Shallow Breathing	<input type="checkbox"/>	Other

Treatment of **HIGH** blood glucose:

Circumstances when urine **KETONES** should be tested: \_\_\_\_\_

Treatment for Ketones:

**Parent/Guardian (call first)**

**Parent/Guardian (call second)**

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**Emergency Contacts (contacted only if unable to reach both parents)**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_