

## **Washington Local Schools**

individual attention. Infinite opportun	iii DIABETES N	MEDICAL MANA	GEMENT PLAN FO DOB:	OR SCHOOL  Grade:			
Student ID #:			School:	<u> </u>			
Type of Diabetes:	Type 1	Type 2	Pre-Diabetes	Date of	diagnosis:		
		Blood Glu	cose Monitoring				
		Blood gluc	ose target range:		mg/dl		
Blood glucose	e testing times:						
For suspecte	d hypoglycemia	At st	udent's discretion exc	cluding suspecte	d hypoglycemia		
Only at student's discretion No blood glucose testing at school							
Permission to test independently Supervision of testing/results							
Student will need assistance with testing and blood glucose management.							
Test blood glucose 10 to 20 minutes before boarding bus.							
Diabetes Medication							
No insulin at	school.	Diaboto					
	medication at school	ol:					
Insulin at sch			olog Lanti	us Oth	er:		
Insulin deliver		Syringe and vial	<u> </u>	Insulin			
Insulin dose a		, -,g			FF		
Breakfast		units of insulin per	r grams	s of carbohydrate	<b>e</b> .		
Lunch		units of insulin per		s of carbohydrate			
Other:		·		,			
Correction for	high glucose:	units of i	nsulin for every	mg/dl a	bove mg/dl.		
(Correction bo	lus is given with mea	als or as directed b	y prescribing physi	cian)			
	Blood Glucose	Value (mg/dl)	Units of	Insulin			
	<u> </u>						
Note: Meal I	bolus and correction bo	olus equals the total	insulin dose.				
F	arent may adjust me	eal insulin doses as	s needed within a ran	ge of to	units.		
		Insulin Pu	mp Instructions				
Before Lunch							
Basal Rate in scho		units/hour.					
Programs a temp	orary Basal Rate be	fore gym:	units/hour	•			
	7. 07	<u> </u>	e-lunch bolus plus				
Bolus	following the insulination	carbohydrate ratio	:gm CHO in lu	nc $\overline{h}$ divided by $\_$	units insulin.		
Hyperglycemia/	Sensitivity Factor:	1 unit of insulin w	vill decrease the BG	bymg/c	di.		
		Нур	oglycemia				
Option One: Cal	culate after hypoglyc	emia has been res	solved and give usua	pre-lunch bolus			
which equals	(Subtract fror	n pre-lunch bolus).		-	divided by Sensitivity		
	If the BG has not dropped or is higher, pump may be malfunctioning. Call parent.						
Student is fully instructed and should be responsible for: giving boluses & changing the infusion site.							

5/11

Please provide the following diet for _	at school.

Meal Plan							
1 carbohydrate choice = Grams of carbohydrate							
Student follows insulin carb ratio as stated on page 1.  OR - Meal plan prescribed (see below)	shahi drata ahaisaa						
	bohydrate choices =						
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Afternoon Snack Time: # of carbohydrate choices =							
Plan for pre-activity:							
Plan for after school activities:							
Plan for class parties:							
Extra food allowed: Parent/guardian's discr	retion Student's discretion						
Hypoglycemia							
Low Blood Glucose <	mg/dl						
Self treatment of mild lows Assistance for all lows							
Immediately treat with 15 gm of fast-acting carbohydrate (e.g., 4 oz juice, 3 -4 glucose tabs, 4 oz regular pop, 8 oz skim milk)							
Recheck blood glucose in 15 minutes and repeat 15 gm of carbohydrate if blood glucose remains low.							
If more than 1 hour until next meal or snack student should have another 15 gm of carbohydrate.							
If child will be participating in additional exercise or activity before the next meal, provide an additional carbohydrate choice.							
If student is using an insulin pump, suspend pump until bl	ood glucose is back in goal range.						
Severe Hypo							
If the child is unconscious or having seizures due to low blood glucose the full-time school nurse will immediately administer injection of:							
Glucagon mg (glucagon emergency kit)							
Immediately after administering the Glucagon, turn the cl Glucagon.	nild onto their side. Vomiting is a common side effect of						
Notify parent and EMS per protocol							
Hyperglycemia							
High Blood Glucose > =	mg/dl						
Check ketones when blood glucose >	mg/dl or student is sick.						
Use correction scale insulin orders when blood glucose ismg/dl.							
Unlimited bathroom pass.							
Notify parent immediately of blood glucose >	mg/dl or if student is vomiting.						
If student is using an insulin pump, follow DKA prevention protocol.							
Special Occasions							
Arrange for appropriate monitoring and access to supplies on all field trips.							
Signature of Physician/Licensed Prescriber	Date						
Print name of Physician/Licensed Prescriber							
Clinic Address	Phone Fax						
Returned to:  Licensed School Nurse	Phone Fax						
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