

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

DOB: \_\_\_\_\_ Doctor: \_\_\_\_\_

Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_ Steroid Induced \_\_\_\_\_



**2014-2015 Individualized Diabetes Healthcare Management Plan**

**Monitor Blood Sugar** Blood sugar should be checked:

1. Before meals (breakfast/lunch/supper) and as needed for signs/symptoms of low and/or high blood sugar
2. If the child utilizes a Continuous Glucose Sensor – *treatment must be based on glucometer results **not** continuous glucose sensor.*

**Hypoglycemia** Student should be accompanied to office/clinic if symptomatic or BS less than 70mg/dl.

Symptoms include: shaky, weak, severe hunger, sweaty, pale, poor concentration and/or dizziness.

1. Check blood sugar – if blood sugar meter not available, treat symptoms.
2. Blood sugar below 80mg/dl (4 year old and younger) or 70mg/dl (5 years old and older) treat with 15 gram carbohydrate (CHO) which is usually provided by parents/guardian. Examples of 15 grams of CHO include 4 ounces of juice or 6 ounces of regular soda or 3-4 sugar tablets. Recheck blood sugar in 15 minutes and repeat as needed until blood sugar is above 70/80mg/dl. A snack of 15 grams may be provided if next meal is more than one hour away following a low blood sugar.
3. If low blood sugar occurs at lunch time, give 15 grams of fast acting carbohydrates (see description above) without insulin and then allow student to go to lunch. **Do not count** in the 15 grams of carbohydrates in the total carbs when calculating food insulin.
4. If unable to drink juice: Administer 15 grams of glucose gel, cake icing or syrup. Recheck blood sugar and repeat as necessary until blood sugar is above 70/80mg/dl. A snack of 15 grams may be provided if next meal is more than one hour away following a low blood sugar.
5. If unconscious or following a seizure, administer Glucagon 1 mg (subcutaneously or intramuscularly) if trained staff available, call 911, diabetes staff and parent/guardian.

**Hyperglycemia:** Symptoms include: frequent thirst, frequent urination and/or nausea.  This student does not need to check ketones.

1. Check urine ketones if blood sugar is over 250mg/dl or with symptoms of illness/vomiting.
2. If trace, small *urinary* ketones or 0.6 to 1.4 mmol/L on *blood* ketones, students should follow their usual meal plan and drink water 1 ounce for each year of age per hour. (Example: 6 year old = 6 ounces of water *hourly* until ketones are negative). Blood sugar and ketones do not need to be rechecked for at least 2 hours unless the student's condition changes. If the student has ketones in their urine, they should not participate in activities such as PE, but they may attend class if they are feeling ok. **Student may remain at school unless vomiting or having difficulty breathing.**
3. If moderate to large *urinary* ketones or greater than 1.5mmol/L on *blood* ketones are present, the student will need a "ketone dose" of insulin. The ketone dose of Humalog/Novolog/Apidra is \_\_\_\_\_ units. **The Ketone dose should be given instead of the child's usual correction dose.** The student will also need one ounce of water for each year of age (15 year old = 15 ounces of water hourly until ketones are negative). **Refer to the Ketone/SickDay Guidelines for further instruction.** Please contact the diabetes team at Cook Children's Medical Center following the administration of the second ketone dose. **Student may remain at school with urine ketones unless vomiting or difficulty breathing.**

**Medication – Scheduled Insulin Needed At School**

FOOD INSULIN

1. Carbohydrate ratio: \_\_\_\_\_ unit(s) of Humalog/Novolog/Apidra insulin per \_\_\_\_\_ grams of carbohydrate with **ALL FOOD**. Insulin is to be administered before (preferred) or immediately after eating.

Parents are permitted to change the insulin to carbohydrate ratio YES NO

CORRECTION INSULIN

2. Correction factor: \_\_\_\_\_ unit of Humalog/Novolog/Apidra for every \_\_\_\_\_ mg/dl of blood sugar above \_\_\_\_\_.

Blood sugar 150-199mg/dl	Give _____ units	Blood sugar 350-399mg/dl	Give _____ units/check ketones
Blood sugar 200-249mg/dl	Give _____ units	Blood sugar 400-449mg/dl	Give _____ units/check ketones
Blood sugar 250-299mg/dl	Give _____ units/check ketones	Blood sugar ≥ 450mg/dl	Give _____ units/check ketones
Blood sugar 300-349mg/dl	Give _____ units/check ketones		

*Blood sugar correction is to be given only at breakfast and/or lunch provided it has been four hours since last dose of Humalog/Novolog/Apidra. Correction insulin is NOT given at snack time.*

ADDITIONAL MEDICATION

3. Additional medication: \_\_\_\_\_  
\_\_\_\_\_

School Hotline 1-866-266-7936

**Level of Care**

According to the American Diabetes Association Position Statement, *Diabetes Care in the School and Daycare Setting*, children and youth should be allowed to provide their own diabetes care at school to the extent that is appropriate based on the student's development, experience and ability. The extent of the student's ability to participate in diabetes care should be agreed upon by the school personnel, the parent/guardian, and the health care team. The Cook Children's diabetes team feels that the student would benefit from:

- Independent management (requires annual meeting with school nurse/personnel)
- Assistance from staff
- Complete care from staff

*We recommend a meeting with school nurse/personnel annually to discuss and review this diabetes management plan.*

**NPH / Consistent Carbohydrate Meal Plan**

If patient is on an NPH insulin plan, a correction dose of insulin may be required at lunch. See page 1 for dose

The following carbohydrate meal plan is required:

**Breakfast** \_\_\_\_\_ grams    **Snack** \_\_\_\_\_ grams    **Lunch** \_\_\_\_\_ grams    **Snack** \_\_\_\_\_ gram

**Nutrition**

Parents are responsible for knowing their child's meal plan and for communicating information to the school staff as needed. Children may need supervision to make certain they eat the correct amount of carbohydrates at meals.

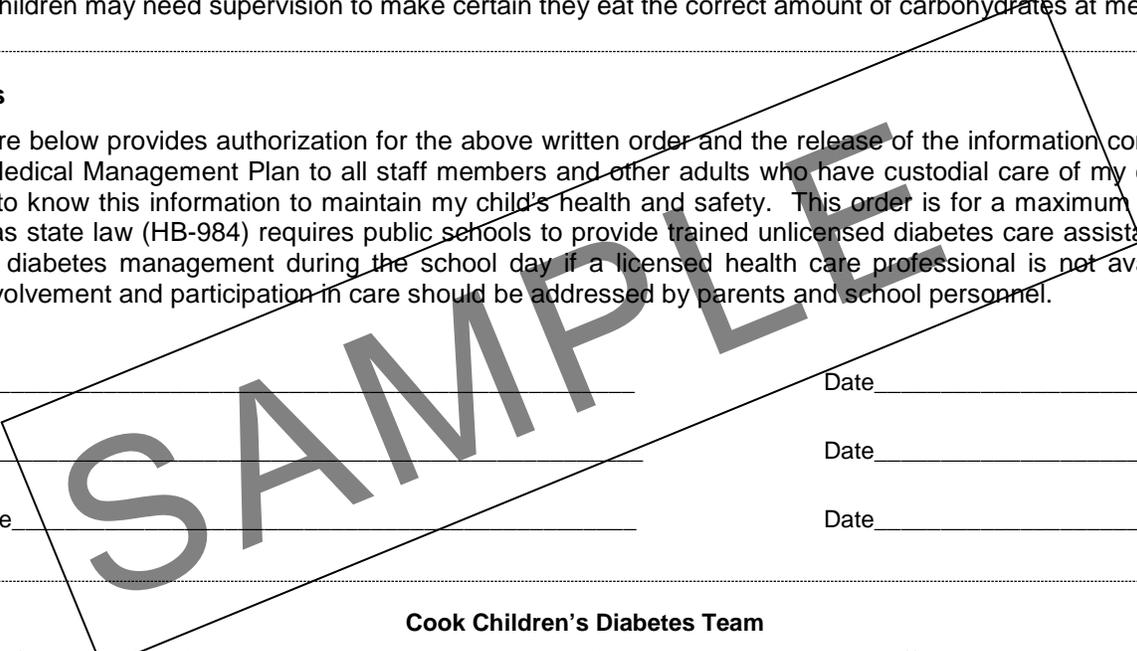
**Signatures**

My signature below provides authorization for the above written order and the release of the information contained in this Diabetes Medical Management Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety. This order is for a maximum of one school year. Texas state law (HB-984) requires public schools to provide trained unlicensed diabetes care assistant (UDCA) to assist with diabetes management during the school day if a licensed health care professional is not available. The UDCA's involvement and participation in care should be addressed by parents and school personnel.

Physician \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

School Nurse \_\_\_\_\_ Date \_\_\_\_\_



**Cook Children's Diabetes Team**

A member of the diabetes team is always available to assist the student and school staff with any questions or concerns. **Please call the dedicated school hotline at 1-866-266-7936. This line is for school personnel only.** You may also call the clinic at 682-885-7960 or the after hour's emergency line at 682-885-4000.

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