

INDIVIDUAL HEALTHCARE PLAN

CAMPUS _____

Student: _____ D.O.B: _____ ID#: _____

Medical Diagnosis: Diabetes _____

Initiated by: _____ Date: _____

GOAL: Student maintains optimal level of health.

A. GENERAL OVERVIEW OF CONDITION AND INDIVIDUAL HEALTHCARE PLAN

Diabetes is a condition that causes the pancreas to produce insufficient amounts of insulin, which affects the body's metabolism of fats, proteins, and carbohydrates. All staff who will work with this student have received training about diabetes, including the symptoms and treatment for hypoglycemia and hyperglycemia.

Include history information, current health status and management at home, student's ability to participate in self-care, students ability to recognize symptoms, arrangements made for diabetic supplies.

B. DAILY CARE

1. General

Written instructions for administering this student's care plan will be located in the clinic and with the Level II and III care providers. A one page information sheet will also be provided to district employees who are responsible for transporting or supervising a student with diabetes during off-campus activities. The classroom teacher shall include information about this plan in the substitute folder to ensure substitute teachers are aware of the instructions in the event of the regular teacher's absence. Diabetic students will be permitted to use the bathroom as needed and keep a water bottle with them at all times. If a water bottle is unavailable, this student should be permitted unlimited use of the water fountain. If student is experiencing symptoms of hypoglycemia/hyperglycemia, the student will be escorted to the clinic for assessment.

Supplies for this student will be provided by the parent and kept in the following locations. It is important that these supplies accompany the student on any field trips.

Supplies	Location
Blood Glucose Testing Supplies	
Sources of carbohydrates	
Ketone testing strips	
Insulin and syringes	
Pump supplies	
Glucagon	

2. Testing Procedures

a) Blood sugar testing:

Indicate when testing should be done during the day, i.e. lunchtime and when feeling symptomatic. Be specific about when lunch is, who performs the testing (nurse, paraprofessional, student) and where (classroom, clinic, student's locker) this testing is to take place. Also include where the results are recorded. Indicate how much supervision is needed for this student to perform this procedure.

b) Ketone testing:

Indicate at what blood sugar level ketones should be tested. Refer to student's individual orders. Indicate how much supervision is needed for this student to perform this procedure.

3. Medications

Refer to Physician's orders for student's sliding scale correction dosage administered

- generally before lunch
 - for blood glucose levels significantly above target range
 - for increased urinary ketones
- (ATTACH A COPY)

Indicate type of insulin used and student's ability to measure and safely administer insulin to himself/herself. If the physician has a glucagon order and parent does not provide it, document your attempts to get it. If the parents does not want the child to have glucagon, then state, "the parent elects not to provide glucagon. The other emergency measures have been discussed." Document this in the 504 intervention plan as well to indicate that glucagon administration is not part of the student's 504 plan. Notify physician's office, in writing, of what the parent has elected to do. Keep notification documentation.

4. Meal Plan

Note where snacks are stored and where they are to be eaten (classroom, clinic, student's locker). Indicate who supplies the lunch and snacks and if student needs monitoring to be sure all CHO is ingested.

- Breakfast *Indicate time and CHO content of meals.*
- Mid AM snack
- Lunch
- Mid PM snack

5. Procedural Guidelines for Responding to Blood Glucose Test Results

Refer to Standard Procedure for Low and High Blood Sugar (attached), and physician's orders.

6. Medically related accommodations

This diabetic student will be allowed unlimited access to the restroom and drinking water. This student should be allowed to carry a water bottle at all times. *It will be necessary for this student to have a snack in the classroom at prescribed snack times, and during times of feeling symptomatic.* This student should be allowed to go to the clinic if feeling symptomatic and should be accompanied for safety.

7. Procedure to follow for school-related activities, parties, field trips

- a) Teachers will notify the school nurse 2 weeks in advance of all field trips, sporting events and competitions.
- b) The parent will contact the nurse to inform her of all school-sponsored extra-curricular events.
- c) The assigned supervising sponsor will contact the school nurse to review the Level II *Quick Reference Emergency Plan – Off-Campus Activity Supervisor* sheet, and the *Quick Reference Emergency Plan – Transportation/Bus Driver* sheet will be provided for the Bus Driver, if transportation to the event is provided by the school.
- d) Arrangement will be made with parent, nurse and Level II staff to ensure that the student’s diabetic/emergency supplies accompany the student to the event.

Indicate parent’s instructions for field day, unscheduled special snacks in the classroom, scheduled parties, etc. Will the parents send instructions or will you need to call them? Can the student go ahead and have the special snack, then notify parents, so that they may adjust the insulin/evening meal?

8. Protocol to follow in case of pump failure

Indicate specific instructions here.

D. TRAINING FOR SCHOOL PERSONNEL

- a) School campus employees receive annual education regarding diabetes. This includes general information, signs and symptoms of hyper/hypoglycemia, blood glucose testing, Universal Precautions, insulin, resources available when questions/problems arise, and emergency measures. Each employee receives “**A Guide to Diabetes Management In the School Setting**”.
- b) Level II (See Guidelines for Managing students with Diabetes in the School)
- c) Level III (See Guidelines for Managing students with Diabetes in the School)

E. EMERGENCY CONTACTS. The school nurse will leave the DMTP and IHP for review by substitute nurse or UDCA (if parent authorized) for the care of the student in her absence.

1. School Contacts

Position	Name	Pager	Phone
Partner			
Team Leader.			
Trained Staff			

2. Family/Physicians Contacts

	Name	Email	Home phone	WK phone	Cell phone
Parent					
Emergency Cont.					
Physicians					
Endocrinologist					
Diabetes Educator					
Dietitian					