

Student: _____ **School Name:** _____

DOB: _____ **School Ph:** _____ **Fax:** _____

This plan is for one calendar year. (Date) from: _____ **to** _____

1. Blood Glucose (BG) Checking (values in mg/dL):

- For suspected hypoglycemia
- Before meals
- Before snacks
- Before Physical Education (P.E.) class
- Before getting on the bus
- BG checking by school staff
- Needs supervision and assistance with checks
- Go to nurses office for routine checks
- Allow student to check BG in classroom
- Allow student to check BG when he/she desires.
- Allow student to carry fast-acting carbohydrates (carbs) and BG monitoring supplies at all times

2. Care of Hypoglycemia: BG below _____ (70 default)

See "Management of Diabetes at School & School Event," pg 2

Treat with fast-acting carbohydrates:

- 4-8grams 8-12grams 12-16grams
- Self-treatment of mild lows
- Needs immediate assistance for all lows

3. Care of Severe Hypoglycemia:

(unconscious, combative, or unable to swallow)

1. Give 0.5 mg glucagon by intramuscular injection.
2. Turn child onto their side and call 911.
3. Notify guardian; call us after medics arrive.

4. Care of Hyperglycemia: BG above _____ (300 default). *See "Management of Diabetes at School ... pg 2*

- Ketones checked by staff
- Ketones checked by student and verified by staff

5. Food:

- No restriction
- Student requires assistance and supervision with carb counting at all times.
- Ensure carb counts available for foods given at school (examples: lunch menu and snacks).
- Extra snack before and during P.E.
 - If BG below _____ treat hypoglycemia first with fast-acting carb, recheck, and see below.
 - If BG is _____ to _____ give _____ grams of non-fast acting carbs (**do not give insulin for those carbs**)
 - If BG is _____ to 299, ok to exercise and _____.
 - If BG is 300 or higher, check for ketones.
If moderate or large ketones **do not exercise** and Follow "Management of Diabetes at School ... pg 2.

6. Continuous Glucose Monitor (CGM):

If CGM is FDA approved for insulin dosing, OK to use CGM value per parent.

7. Insulin dose prepared by:

- Guardian As designated by guardian
- Staff Student and verified by staff

8. Insulin dose administered by:

- Guardian As designated by guardian
- Staff Student and verified by staff

9. Insulin (fast-acting): _____

Via injections:

- Insulin pen Syringe and vial
- Dose for carbs** (see insulin plan grid):
 Breakfast AM Snack Lunch PM Snack
- Dose for BG** (see insulin plan grid):
 Breakfast AM Snack Lunch PM Snack

- Give carb and BG doses in one injection.

Via pump:

- Use pump calculator to determine and give dose at set meal and/or snack as per 504 plan.

For set failure:

1. Call guardian to replace set
2. If dose is needed, use pump to calculate dose and inject via syringe or insulin pen

For pump failure: Call us for advice at 415-514-6234.

10. Emergency - Disaster Plan for insulin:

- Injections:** check BG every 3 hours & dose for high BG only. (do not dose for carbs)
- Pump:** continue to use pump as usual, but dose for high BG only
For set or pump failure:
 1. Check BG every 3 hours and use pump to calculate high BG dose only **OR** give _____ unit(s) of _____ insulin for every _____ mg/dl > _____ mg/dl.
 2. Inject dose via syringe or insulin pen.

11. School is responsible to provide all usual diabetes care for parties, field trips, and after school activities.

12. Student needs an individualized plan, such as 504 plan, in addition to this form for further detail.

13. Student should be allowed to call home any time to consult guardian regarding diabetes care.

14. Please fax school logs to 415-353-2811 every _____ weeks.

15. Other: _____

Guardian Consent for Diabetes Management in School

I, the undersigned, request that the following health care services for the management of diabetes in school be administered to my child in accordance with Education Code Section 49423.

- I will:
1. Provide the necessary supplies and equipment.
 2. Notify the school staff and healthcare provider if there is a change in my child's health status.
 3. Notify the school staff immediately and provide new school form and/or insulin plan grid for any regimen changes.

I authorize the school staff to communicate with the healthcare provider or their representative when necessary. I hereby provide my consent for trained non-licensed school personnel to provide all aspects of diabetes care, including administration of insulin at any time during school or school-sponsored activities.

Guardian Signature: _____ **Date:** _____

Provider Signature: _____ **Insulin plan grids given *Date:** _____

Clinic, Guardian, and School to receive a copy. (Insulin plan grid to be included if on injections.)

Revised 06-01-18



Management of Diabetes at School & School Events (Page 2 of 3)

Madison Clinic for Pediatric Diabetes
1500 Owens Street #300, Box 0318
San Francisco, CA 94158
Phone: (415) 514-6234 Fax: (415) 353-2811
madisonclinic@ucsf.edu

Name: _____
DOB: _____
School Name: _____
School Ph: _____
School Fax: _____

This plan is for one calendar year :(Date) from _____ to _____

Check Blood Glucose (BG)

- At designated times per individual plan
- If child complains of signs/symptoms of hypoglycemia or hyperglycemia
- If staff observes signs/symptoms of hypoglycemia or hyperglycemia

Note: BG are measured in mg/dL

Hypo BG under 70 (or as noted on page 1)
Adult should stay with child until BG over 100 mg/dL

BG in Target
(above hypo and below hyper values)
Continue usual activities and care per school plan/504 plan.

Hyper BG over 300 (or as noted on page 1)
Note: If child is using an insulin pump, follow separate decision tree for: Treating High BG When Using an Insulin Pump (refer to page 3)

- Unable to swallow
- Combative
- Unconscious

- Able to swallow
- Cooperative

Follow these steps, in order:

1. Give 0.5 mg Glucagon by intramuscular injection.
2. Turn child on their side.
3. Send someone else to call 911 and the child's guardian.
4. After paramedics arrive and are caring for the child, call the clinic

• Give fast-acting carbohydrates, such as juice or glucose tabs (as noted on page 1)

• Recheck BG in **15 minutes**

BG under 100 mg/dL

BG 100 mg/dL or over

- Unable to swallow
- Combative

- Able to swallow
- Cooperative

- Child may return to class, activity, etc.
- Notify guardian of low BG.

• Repeat treatment with fast-acting carbs

• Recheck BG in **15 minutes**

- **If BG is 100 mg/dl or over**, then child may return to class and normal activity. Notify guardian of low BG.

- **If BG still under 100 mg/dL** after 2 treatments of 15 grams fast-acting carbs, treat with another 15 grams of fast-acting carbs. Send someone to call clinic for advice 415-514-6234. Then call child's guardian

- Give insulin as indicated per individual plan
- Encourage water
- Allow bathroom access
- If not feeling ill; OK to stay in school.
- If feeling ill call guardian
- Notify guardian of high BG
- Recheck BG per usual schedule.

Check for Ketones

If ketones are:

- Negative
- Trace
- Small

or

Blood ketones 0-1.4 mmol/L

If ketones are:

- Moderate
- Large

or

Blood ketones 1.5 mmol/L or higher

1. Give insulin as indicated per school plan/504 plan.
 2. Contact guardian to pick up child.
 3. Call us for advice: 415-514-6234
- Encourage water
 - Allow bathroom access
 - Discourage carbohydrate foods
 - Do not allow exercise

Hypoglycemia: Signs & Symptoms of a Low Blood Glucose

Can include: shakiness, nervousness, sweating, irritability, sadness, anger, impatience, chills and cold sweat, fast heartbeat, light-headedness or dizziness, hunger, drowsiness, stubbornness or combativeness, lack of coordination, blurred vision, nausea, tingling or numbness of lips or tongue, headache, strange behavior, confusion, personality change, passing out, or _____

Hyperglycemia: Signs & Symptoms of a High Blood Glucose

Can include: nausea, vomiting, stomach pain, fruity-smelling breath, lack of appetite, frequent urination, extreme thirst, weakness, blurry vision, warm or flushed skin, drowsiness, breathing problems, unconsciousness or _____