

**UCSF Madison Clinic for Pediatric Diabetes 415-514-6234  
Management of Diabetes at School and School Events – page 1**

White Copy to UCSF, Yellow Copy to Guardian, Pink Copy to School (include insulin plan grid)

**Student:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **School Fax:** \_\_\_\_\_

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

- For suspected hypoglycemia
- Before meals
- Before snacks
- Before exercise
- 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 and School Events - page 2" (also known as decision tree).
- 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 decision tree (page 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 exercise:
  - If BG below \_\_\_\_\_ treat hypoglycemia first.
  - If BG is \_\_\_\_ to \_\_\_\_ give \_\_\_\_ grams of carbs (**do not give insulin for those carbs**)
  - If BG is \_\_\_\_ to 299, either skip snack, give a no carb snack, or give a carb snack with insulin, or \_\_\_\_\_
  - If BG is 300 or higher, check for ketones. If moderate or large ketones **do not exercise** and follow decision tree on page 2.

**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):**  Humalog     Novolog     Apidra

**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.
  - For set failure, call guardian to replace the set and:
    1. Use pump to calculate dose and
    2. Inject dose via syringe or insulin pen
  - For pump failure, call us for advice 415-514-6234

**10. Emergency - Disaster Plan for insulin**

- Injections: check BG every 3 hours and dose for BG only. Do not dose for carbs.
- Pump: continue to use pump as usual.
  - For set or pump failure:
    1. Check BG every 3 hours and
    2. Use pump to calculate high BG dose and
    3. 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.
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/insulin plan 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 grids given** \*Date: \_\_\_\_\_

\*This plan is in effect for one calendar year from date signed or until updated.

Revised 7-28-14