### Management of Diabetes at School and School Events

#### 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:______________________________________________________________

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**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.*