



Schertz-Cibolo- Universal City Independent School District

Individual Health Plan for Student with Diabetes

STUDENT: _____ ID # _____ DOB: _____

CAMPUS: _____ SCHOOL YEAR _____ GRADE _____

The above student has Type 1 Diabetes and may need specialized care while at school. Please review the following instructions:

Hyperglycemia (high blood sugar) **Not immediately life-threatening**

Symptoms

Excessive thirst

Weight loss

Dehydration

Frequent urination

Nausea/vomiting

Fatigue

Stomachache

Fruity odor on breath

Hypoglycemia (low blood sugar) **May be life-threatening**

Symptoms

Hunger

Sweating

Headache

Irritability

Shakiness

Weakness

Sleepiness/tiredness

Pale appearance

Personality changes

Inability to concentrate

Slurred speech

Dizziness

Day-dreaming

Poor coordination

If not sure if blood-sugar is high or low, treat for low blood sugar!!!

- ◆ Observe student for above symptoms.
- ◆ Allow student to carry water bottle.
- ◆ Student to have access to restroom upon request.
- ◆ Allow student to have access to snack or food source as needed.
Scheduled snack time _____
- ◆ Send student to: (location) _____ at (time) _____ for scheduled blood glucose testing or as needed.
- ◆ If symptoms of high or low blood sugar occur, send to _____ with an adult staff member (**NEVER SEND WITH A STUDENT**) for blood glucose testing and treatment.
(If symptoms severe, call clinic/office for assistance)

Teacher Signatures:

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____

Nurse/Clinic Assistant:

- ◆ Follow guidelines as specified by physician on Diabetes Management and Treatment Plan (DMMP)
- ◆ Monitor blood glucose testing and document results.
- ◆ Observe student for symptoms of hyper/hypoglycemia.
- ◆ Maintain emergency food supply in clinic and classroom for hypoglycemic episodes (Supplied by Parents)
- ◆ Monitor self-administration of insulin and observe accuracy of dose (Per Sliding Scale)
- ◆ If student does not respond to snack or insulin, follow DMMP, call 911 if necessary.
- ◆ If student does not come into clinic to test or take insulin at scheduled times, find out why and document.
- ◆ Obtain current list of emergency contact persons and/or copy of emergency card and attach to care plan.

Student:

- ◆ Blood sugar testing equipment will be stored in: _____.
- ◆ Student will bring supply of insulin to be stored in: _____.
- ◆ Student will report to clinic or other specified location to test blood glucose at scheduled times and as needed for symptoms of hyper/hypoglycemia. Scheduled blood glucose test time(s) _____
Location _____.
- ◆ Student will report results of blood glucose testing to the nurse/clinic assistant.
- ◆ Student will eat snack at specified time(s) _____.
- ◆ Student will comply with physician’s sliding scale insulin instructions (see attached doctor’s orders).

Parent/Guardian:

- ◆ Parent/guardian will provide clinic with Diabetes Management and Treatment Plan completed and signed by physician.
- ◆ Provide written permission for school staff to supervise and implement diabetes care plan as specified by physician.
- ◆ Provide school nurse/clinic assistant with physician’s written directions when there has been a change in insulin and/or testing regimes.
- ◆ Parent/guardian will send supply of snacks, insulin and testing equipment to be stored at school for daily and emergency use.
- ◆ Parent/guardian will provide school with a list of emergency contact persons and phone numbers that can be reached in the event they are not available during the school day.

COPY OF EMERGENCY CARD SHOULD BE ATTACHED TO CARE PLAN

Signatures:

Student		Date	
School Nurse		Date	
Administrator		Date	
Parent/Guardian		Date	

School Contacts

Position	Name	Pager	Phone
Adult Staff Member			
Team Leader			
Trained Staff			

Family/Physician Contacts

	Name	Email	Home Phone	Work Phone	Cell Phone
Parent					
Emergency Cont.					
Physicians					
Endocrinologist					
Diabetes Educator					
Dietician					