

Diabetes Care Plan for _____ **Date** _____

Blood Glucose

Target range for blood glucose: _____mg/dl to _____mg/dl

Usual times to test blood glucose: _____

Times to do extra tests (check all that apply):

_____ Before exercise

_____ After exercise

_____ Other (explain) _____

Can child perform own blood glucose tests? _____yes _____no

Type of blood glucose meter used at school _____

Insulin

Times, types, and dosages of insulin injections

<u>Time</u>	<u>Type</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current level of student's ability to self administer insulin:

_____Independent _____Needs assistance

Meals and snacks

Meal and snack times: Time Food content/amount:

Breakfast _____

Midmorning snack _____

Lunch _____

Midafternoon snack _____

Snack before exercise _____yes _____no

Snack after exercise _____yes _____no

Other times to give snacks _____

List parent provided snacks _____

Can child eat same snacks/party treats that classmates are offered? _____yes _____no

If no – parent will provide the following substitutes _____

Exercise and sports

Student may carry a parent provided snack for exercise and sports.

Child should not exercise if blood glucose is below _____ mg/dl or above _____

Hypoglycemia (low blood sugar) (Students especially those under the age of 7 years may have no symptoms prior to a hypoglycemic episode.)

Usual symptoms of hypoglycemia: _____

Treatment of hypoglycemia: _____

When Glucagon administration has been authorized in writing by parents and the student's physician, Glucagon will be utilized.

If student becomes unconscious and/or seizures, 9-911 will be called, Glucagon will be administered, and parent will be notified.

Hyperglycemia (high blood sugar)

Usual symptoms: _____

Treatment of hyperglycemia: _____

Usual times to test urine ketones: _____

Treatment for ketones: _____

School (To be filled in at time of conference with school personnel)

Where are the diabetes care supplies kept? _____

Where are the supplies of snack foods kept? _____

Field trip accommodations: _____

Other: _____

Parent/guardians must notify school nurse of changes in diabetic routine and/or medications so that care plan can be updated as appropriate.

Signature of parent/guardian: _____ Date _____

Signature of physician: _____ Date _____

Received by certified school nurse: _____ Date _____

Updates: _____
