

DIABETES INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2020-2021

Name: _____	DOB: _____	Date: _____	
School: _____	Grade/Teacher: _____		
HEALTH CONCERN – Type 1 diabetes: A condition where the pancreas isn't making insulin or is making very little insulin. Insulin is needed to help glucose enter cells to produce energy.			

SYMPTOMS OF LOW BLOOD SUGAR:			SYMPTOMS OF HIGH BLOOD SUGAR:	
• Shakiness	• Confused	• Headache	• Flushed	• Headache
• Sweating	• Drowsy	• Lethargic	• Confused	• Stomach ache
• Other: _____			• Other: _____	

TARGET BLOOD GLUCOSE BEFORE MEALS (FYI): _____ to _____
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Blood Glucose Correction Factor: 1 Unit per _____ mg/dL (correction factor) if over _____ (target blood sugar)
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Blood Glucose Monitoring: <ul style="list-style-type: none"> ✓ Symptoms of high/low blood glucose. ✓ Before snack ✓ Before lunch 	Other times monitoring may occur: <ul style="list-style-type: none"> ✓ After lunch ✓ After recess ✓ Before riding the bus or walking home ✓ Before educational testing/assessments
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Insulin to Carbohydrate ratio* (Insulin to be administered via _____ pump)
Breakfast: 1 unit per _____ grams of carbs
AM Snack: 1 unit per _____ grams of carbs and blood glucose
Lunch: _____ unit per _____ grams of carbs

FOR HYPOGLYCEMIA WITH PUMP: CAN BE LIFE THREATING - Blood glucose under _____ mg/dL. <ul style="list-style-type: none"> • Give 10-15 grams fast-acting carbohydrate such as: _____ • Recheck blood sugar in 15 minutes. • Repeat carbohydrate treatment if blood glucose is still under 80mg/dL, if student remains symptomatic and it is not meal time. • Once blood glucose is over 80mg/dL, <i>may</i> follow with a small snack such as: _____ if greater than 1 hour before a meal. <p>*If student is unconscious or unresponsive, CALL 911 immediately and disconnect insulin pump. Nurse or trained PDA may administer Glucagon per orders.</p> <p>*Do not give insulin to cover carbohydrates given to treat low blood glucose.</p>

****Licensed medical personnel are authorized to adjust insulin dose by +/- 20% after consultation with parent/caregiver.***

FOR HYPERGLYCEMIA: Blood glucose over 300mg/dL. <ul style="list-style-type: none"> • Test urine ketones immediately. Contact parent if moderate or large ketones are present. • Give correction insulin bolus if indicated and RETEST in 1 hour. • Encourage water intake. • Encourage rest.
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BEFORE P.E.: _____ (Day) _____ (time)

- If blood glucose is **or higher:** No snack needed.
- If blood glucose is **between** _____ **to** _____ s/he needs to eat _____ **gm carbs** before P.E. If blood glucose is **under** _____ s/he needs to eat _____ **gm carbs** before P.E.

RECESS CONSIDERATIONS (If recess is after lunch):

DESIGNATED PDA? No. Yes: _____

DISASTER PLAN AND ORDERS

- Parent is responsible for providing and maintaining “disaster kit”.
- To prevent low blood sugars: set a temporary basal rate of 90% (10% reduction) for 24 hours (or until relief/food is available).
- Continue to deliver insulin for food intake per the pump’s recommendations.

DISASTER GLUCAGON ADMINISTRATION: In the case of a disaster or true emergency where the parent, nurse, PDA, or other licensed, knowledgeable individual is unavailable, other school personnel will administer glucagon to student (*see OSPI guidelines for Care of Student with Diabetes*) in the event of severe hypoglycemia. Staff to follow guidelines on how to prepare and inject glucagon. If glucagon is administered, check blood glucose and recheck every 10 minutes until blood glucose is > 80 mg/dL.

SELF CARRY, Health Care Provider please choose one:

NO, student MAY NOT self carry.

YES student may SELF CARRY. Checking “YES” indicates that the student may SELF-CARRY.

Provider/student/parent/guardian understands the responsibility of self-carrying medication at school and recognizes that the school **will not** be able to track compliance. As a parent/guardian of the student, I agree to hold harmless and indemnify the school and Bellevue School District’s officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by their student.

Licensed Health Care Provider’s signature: _____ <small>Signature authorizes medication for length of school year</small>	Date: _____	Phone: _____
	School year: _____	Fax: _____
I accept this Individual Health Plan. My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.		
Parent/Guardian signature: _____	Date: _____	Phone: _____

INDIVIDUAL CONSIDERATIONS:

Parent:

- If student attends extended day/childcare, clubs before & after school, evening and summer activities, parent will notify the program director of their child’s medication and health care needs.
- To provide additional supplies to the health room
- To provide additional snacks to health room and classroom.
- Parent to provide number of carbohydrates contained in snack and lunch.

Classroom:

- Teacher to inform substitute teachers of the student’s Individual Health Plan
- Student will be escorted (by buddy or adult) to health room if high/low blood glucose concerns/symptoms. May also request RN/PDA to location of student.
- Teacher to notify parent/guardian, nurse, PDA (if available), & office staff regarding change in class schedule, activities, field trips, and parties, etc to allow time to adjust insulin dosages or food appropriately.

- Allow for water, snacks, restroom breaks, and blood glucose testing.

Field Trip Procedures: Medication, supplies, snacks, and IHP will accompany student during any off-campus activity

Transportation:

- Bus-Transportation will be informed of the student’s Individual Health Plan
- Students should carry their own supplies and are permitted to eat/drink and perform glucose tests on the bus.

Other:

- RN will notify teachers, specialists, recess staff, and other staff of student’s IHP
- Student may check blood glucose in the classroom, health room, bus, and on campus.
- Insulin dosing may also be verified over phone with parent/guardian.

School Nurse:	, RN	Email:	@bsd405.org	Phone:	425-456-
				Fax:	425-456-

Updated 4/2020