

# DIABETES INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2022-2023

Name:	DOB:	Date:
School:	Grade/Teacher:	
<b>HEALTH CONCERN – Type</b> <b>diabetes:</b> 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.		

<b>SYMPTOMS OF LOW BLOOD SUGAR:</b> <ul style="list-style-type: none"> <li>Shakiness</li> <li>Sweating</li> <li>Other: _____</li> </ul>	<ul style="list-style-type: none"> <li>Confused</li> <li>Drowsy</li> </ul>	<ul style="list-style-type: none"> <li>Headache</li> <li>Lethargic</li> </ul>	<b>SYMPTOMS OF HIGH BLOOD SUGAR:</b> <ul style="list-style-type: none"> <li>Flushed</li> <li>Confused</li> <li>Other: _____</li> </ul>	<ul style="list-style-type: none"> <li>Headache</li> <li>Stomachache</li> </ul>
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Short Acting Insulin	(type/name)
Delivery Method	(type of pump)
Insulin to Carb Ratio	<b>Breakfast</b> 1 Unit per: _____ grams of carbs <b>Lunch</b> 1 Unit per: _____ grams of carbs
Blood Glucose Correction Factor	1 Unit Insulin per: _____ mg/dL if blood glucose is over
Target Blood Glucose	
Glucagon Dose/Route	_____ mg (dose) _____ (route)
Continuous Glucose Monitor	(type)
Long Acting Insulin:	(units). This is not required to be given at school and is only to be used for overnight trips with parent permission.

*\*The dosing on this care plan may change based on many factors. Changes in dosing **DO NOT/ DO (circle)** require a new care plan as doses can change frequently and the family is the authority on current regimen.*

*\*School nurses **ARE NOT/ARE (circle)** authorized to adjust insulin dose by +/- up to 20% for singular occurrences after consultation with the parent/caregiver.*

<b>CALCULATING THE INSULIN DOSING:</b>	
For carbohydrate coverage	Total grams of carbs divided by the insulin-to-carb ratio
For blood glucose correction	<b>Current blood - Target Blood Sugar/Correction Factor</b> (Current blood glucose MINUS target blood sugar DIVIDED by correction factor)

<b>DISASTER PLAN:</b> In the event of a disaster we are more concerned about hypoglycemia than hyperglycemia. <ul style="list-style-type: none"> <li>Long acting basal insulin is not required at school</li> <li>Mild hyperglycemia for 1-3 days is acceptable in an emergent situation.</li> <li>Continue to deliver insulin for food per pump's recommendation.</li> <li>To prevent hypoglycemia, set insulin pump to run a temporary basal rate of 90% usual dose for 24 hours. This rate will need to be reset daily until relief/food is available.</li> </ul>
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**FOR HYPOGLYCEMIA WITH PUMP: CAN BE LIFE THREATING –**

**For Blood glucose under \_\_\_\_\_ mg/dL.**

- 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, *may* follow with a small snack such as: \_\_\_\_\_ if greater than 1 hour before a meal.

\*If student is unconscious or unresponsive, CALL 911 immediately and disconnect insulin pump. Nurse or trained PDA may administer Glucagon per orders.

\*Do not give insulin to cover carbohydrates given to treat low blood glucose.

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

**FOR HYPERGLYCEMIA: Blood glucose over 300mg/dL.**

- 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.

**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 – p89.](#)) 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 check one** (**STAFF HAS BEEN TRAINED TO ASSIST WITH MEDICATION ADMINISTRATION**)

- NO, student MAY NOT self carry.
- YES student may SELF CARRY/ADMINISTER. *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.*

<b>Licensed Health Care Provider's signature:</b>  <small>Signature authorizes medication for length of school year</small>	<b>Date:</b>		<b>Phone:</b>	
	<b>School year:</b>		<b>Fax:</b>	

**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.

<b>Parent/Guardian/Student (age 18) signature:</b>  _____	<b>Date:</b>	
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**Family Responsibility:**

- I will keep track of expiration dates for the medication(s)
- I will furnish medication(s) in original container and pick up medication(s) from the school

If the student *DOES NOT* self-carry, I request an authorized/trained person(s) at **school assist my student** in taking the medicine(s) described below.

If the student has permission to SELF-CARRY and/or SELF-ADMINISTER THIS MEDICATION I/my student understand the responsibility of self-carrying medication at school and recognizes the school will not track compliance, expiration, or amount. I/my student agrees 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 myself/my student.

<b>Parent/Guardian/Student (age 18) signature:</b>  _____	<b>Date:</b>		<b>Phone:</b>	
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**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.

<ul style="list-style-type: none"> <li>• <b>School</b></li> <li>• <b>Nurse:</b></li> </ul>	          , RN	<b>Email:</b>          @bsd405.org	<b>Phone:</b>	425-456-
			<b>Fax:</b>	425-456-

**BAQSIMI (Glucagon Nasal Powder):**

1. Remove device from tube – do *NOT* press plunger
2. Hold device between fingers and thumb – do *NOT* press plunger
3. Insert tip into one nostril until fingers touch the outside of the nose.
4. Push plunger firmly all the way in
5. Dose is complete when green line disappears.

