



DIABETES HEALTH PLAN



Insert

Student

Photo

Student Name: _____ Grade: _____ DOB: _____

School Site/Teacher: _____

Individual Health Plan for Type 1 (Insulin-Dependent) Diabetes Mellitus to be used with the student's Diabetic Medical Management Plan (DMMP) provided and signed by their medical provider and associated documents for individual equipment.

SUPPLIES	CONTENTS (check all that apply)				With Student	Classroom	Office	Other Location(s)
	Fast acting carbohydrate snack(s)							
	Blood Glucose Meter (with test strips and lancets)							
	Glucagon <input type="checkbox"/> Nasal <input type="checkbox"/> Injectable exp. Date: _____							
	Ketone Strips/Meter							
	Insulin pen, pen needles, insulin (in case of pump failure)							
	Insulin Pump. Brand: _____							
	Continuous Glucose Monitor (CGM). Brand: _____							
SCHOOL will advise parents when running low on supplies. PARENT will maintain/refresh supplies.								
DAILY ROUTINE	Times relative to snack/meals and exercise as outlined in DMMP. Times vary depending on the school schedule (e.g., short Wednesdays, Minimum Days, Field Trips, etc.).							
	Time/Event	Meal/Snack?	BG Check?	Insulin	Comments			
LEGEND: A – assistance required; S - with supervision; I – independent. BG=Blood glucose/sugar								
CALL PARENTS	Mother/Father/Other: _____ Contact #: _____							
	Mother/Father/Other: _____ Contact #: _____							
	Please contact one of the above parents/guardians for the follow:							
	<ul style="list-style-type: none"> • If Blood Glucose is below _____ mg/dl or greater than _____ mg/dl • Failure of equipment: <input type="checkbox"/> CGM <input type="checkbox"/> Pump <input type="checkbox"/> Finger Stick Glucometer <input type="checkbox"/> _____ • Clinical presentation does not match equipment (CBG/Glucometer) • Any emergency situation (up to and including calling 911) 							

This worksheet is intended as a brief overview of DAILY diabetes-related tasks for this student. Consult the attached DMMP for more details. It is helpful to keep this sheet in the student's class(es), even if the student manages most of their own care. Student will be allowed access to food, drink and a restroom as needed to manage their blood sugar levels and symptoms. Student will also have access to a cell phone and/or receiver for CGM if needed to monitor their BG.

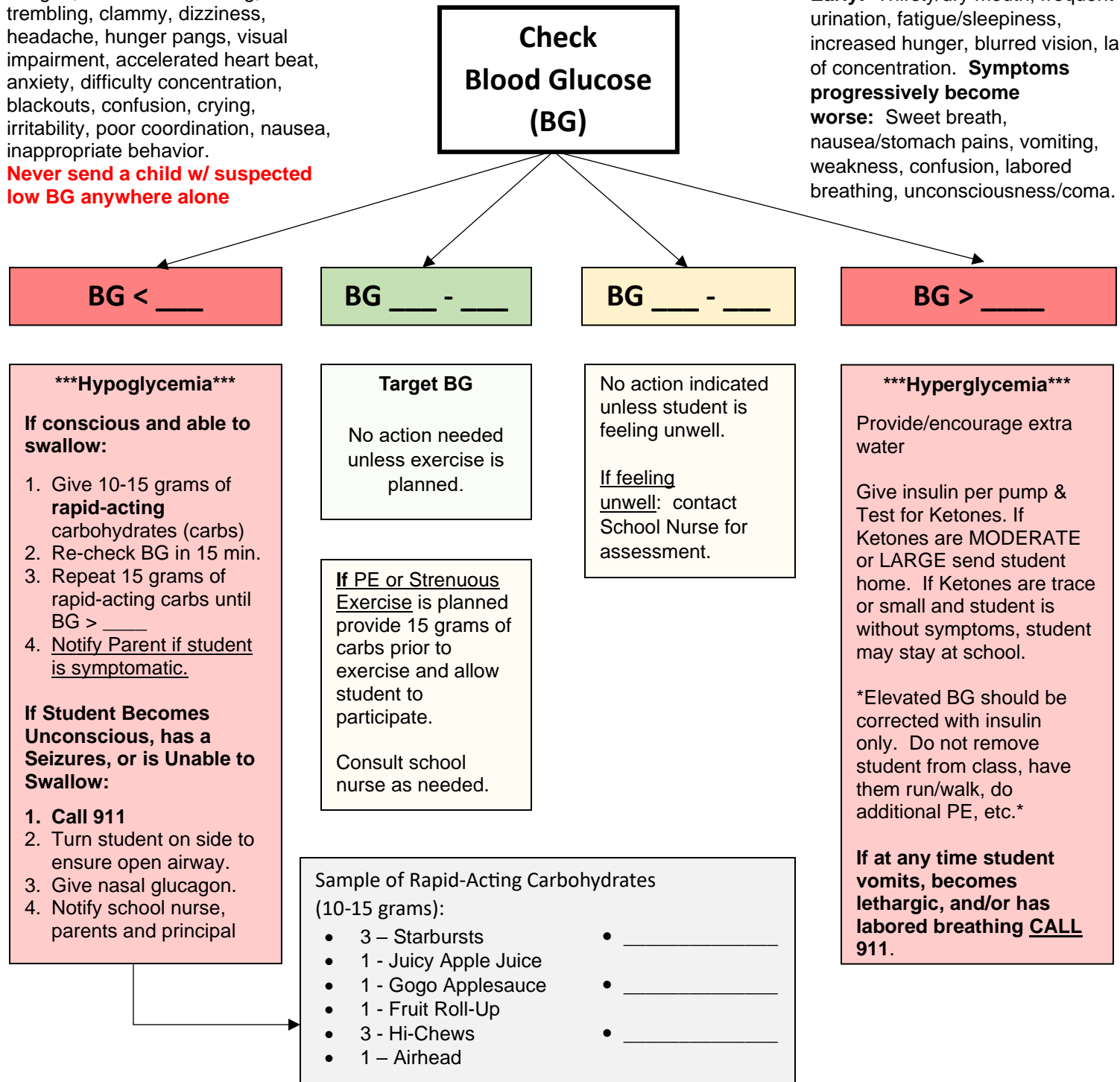
Signs of LOW Blood Sugar:

Fatigue, excessive sweating, trembling, clammy, dizziness, headache, hunger pangs, visual impairment, accelerated heart beat, anxiety, difficulty concentration, blackouts, confusion, crying, irritability, poor coordination, nausea, inappropriate behavior.

Never send a child w/ suspected low BG anywhere alone

Signs of HIGH Blood Sugar:

Early: Thirsty/dry mouth, frequent urination, fatigue/sleepiness, increased hunger, blurred vision, lack of concentration. **Symptoms progressively become worse:** Sweet breath, nausea/stomach pains, vomiting, weakness, confusion, labored breathing, unconsciousness/coma.



Parent/Guardian (name/signature): _____ Date: _____

Reviewed by Health Office (name/signature): _____ Date: _____

Reviewed by District RN (name/signature): _____ Date: _____

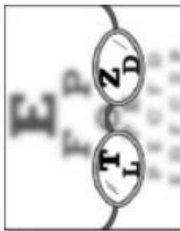
HYPOGLYCEMIA: LOW BG

LOW BLOOD GLUCOSE KNOW THE SYMPTOMS

An individual may not always recognize symptoms of low blood glucose. These common symptoms, and others, may indicate low blood glucose.



Sweet, fruity breath



Blurred Vision



Unusual weight loss

If individual is confused/unable to follow commands, unable to swallow, unable to awaken(unconscious), or is having a seizure or convulsion.

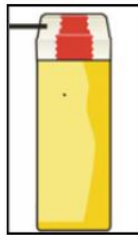
GIVE GLUCAGON

Adapted from Children's Diabetes Foundation at Denver

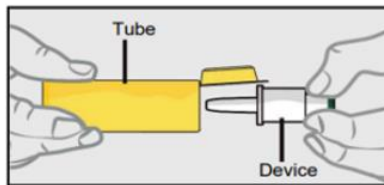
Glucagon – Rescue Medication for Low Blood Glucose (Hypoglycemia)

Baqsimi™ (glucagon nasal powder 3 mg): for kids 4 years of age and above – 1 dose):

1. Remove the shrink-wrap by pulling on the red stripe.
2. Open the lid and remove the device from the tube.
3. Hold the device between fingers and thumb (do not push yet!)
4. Insert the tip into the nose until your fingers touch the outside of the nose.
5. Push the plunger firmly until the green line is no longer showing.



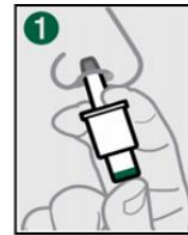
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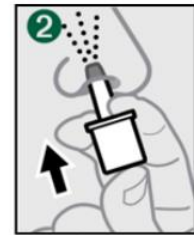
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Link: [Full Instruction for Use for Nasal Glucagon](#)

Injectable Glucagon to be given SQ or IM: [For further information on injectable Glucagon Print & Include pages 1 & 2 of the Glucagon Emergency Kit Instructions For Use \(IFU\)](#)

COMMON EQUIPMENT ASSOCIATED WITH DIABETIC MANAGEMENT

INSULIN:

- Link: [HUMALOG KwikPen JUNIOR Instructions For Use](#)
- Link: [HUMALOG KwikPen Instructions For Use](#)



- Don't forget to prim either pen with 2 units after the needle is attached, before injection.

CGMs:

- Link: [Dexcom G7 and G6 CGM Quick Start User Guides](#)



INSULIN PUMPS:

- OmniPod Wireless Insulin Pumps: Link to: [Omnipod 5](#) and [Omnipod DASH](#)
- Link: [Tandem T:Slam Insulin Pump Training Materials](#)

