

# DIABETIC HEALTH CARE PLAN

Student \_\_\_\_\_

Grade/Homeroom \_\_\_\_\_

## Contact Telephone Numbers in Priority

Call *Name* *Tel* *Location*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Physician \_\_\_\_\_

Tel \_\_\_\_\_

Check Blood Glucose — Location \_\_\_\_\_

- Before lunch       1-2 hours after lunch  
 Before snacks       When he/she feels low or ill

## Treatment for Low Blood Glucose

- Student may treat “low” with food according to schedule.  
If blood glucose is less than 70, give \_\_\_\_\_  
If blood glucose is less than 50, give \_\_\_\_\_  
 Retest blood glucose 15 minutes after treating “low.”

**CALL PARENT WHEN BLOOD GLUCOSE IS LESS THAN** \_\_\_\_\_

Notify parent and record blood glucose value and treatment.

Snacks are located \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will *Glucagon* be provided?       Yes       No

If yes, describe the circumstances when it should be administered \_\_\_\_\_

\_\_\_\_\_

## Treatment for High Blood Glucose

Can student draw correct dose, determine correct amount, and give own injection?       Yes       No

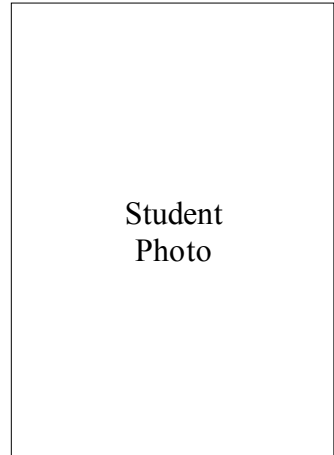
Comments: \_\_\_\_\_

\_\_\_\_\_

Always call parent for dosage

Call parent and/or doctor when blood glucose is greater than \_\_\_\_\_

Insulin is located \_\_\_\_\_



**Insulin correction Doses**

Parental authorization should be obtained before administering a correction dose for high blood glucose levels.

Yes       No

\_\_\_\_\_ units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl  
 \_\_\_\_\_ units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl  
 \_\_\_\_\_ units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl  
 \_\_\_\_\_ units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl  
 \_\_\_\_\_ units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl

**MANAGEMENT OF DIABETES IN SCHOOL**

The checklist below indicates the activities that are self-managed, those needing assistance from school personnel and those requiring parental involvement. The following checked activities apply to

\_\_\_\_\_ and must be performed during the  
 \_\_\_\_\_ student  
 school day in order to maintain glucose control.

Activity/Skill	Independent Student	School Assistance	Parental Involvement
Blood glucose monitoring			
Insulin injection dosage			
Insulin injection administered			
Selection of snacks and meals			
Treatment for mild hypoglycemia			
Testing for urine ketones			

\_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date