

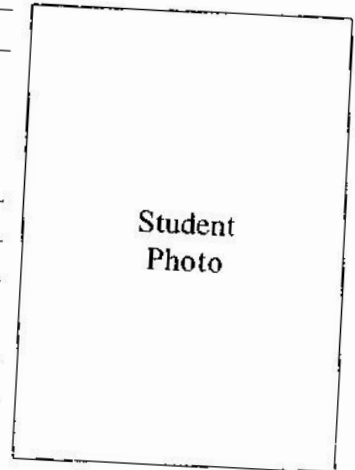
PSI / GREEN LOCAL SCHOOLS

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