

SCHOOL INDIVIDUAL HEALTH PLAN TYPE II DIABETES

NAME OF STUDENT: _____	DOB: _____
GRADE/TEACHER: _____	SCHOOL/YEAR _____
PARENT/GUARDIAN: _____	PHONE/CELL _____
EMERGENCY CONTACT: _____	PHONE/CELL: _____
PHYSICIAN _____	PHONE: _____ FAX: _____

1. Date of diabetes onset: _____
2. Does student take medication? -Yes -No
If yes, type: _____ Dose: _____ Time: _____
3. Does student require Blood Sugar Checks? -Yes -No If yes, times of checks: _____
Can student perform testing independently? -Yes -No
What type of assistance is needed? _____
4. Is student following prescribed diet? -Yes -No *If yes, diet order is required.
5. Will student need scheduled snack time? -Yes -No *Parents must provide supplies/snacks needed.
6. Will student be participating in after-school activities? -Yes -No
7. What signs and symptoms does student display if he/she experiences:
 - **Low sugar:** _____
Usual treatment: _____
 - **High sugar:** _____
Usual treatment: _____
8. At what time of day is student more likely to experience a low Blood Sugar?
9. Is student able to recognize and get help for very early signs of a reaction? -Yes -No
10. When does parent want to be contacted?

PLEASE NOTE: If medication is to be taken at school, a **Medical Authorization Form** must be completed by the parent and physician and kept at the school. These are obtained from your school secretary. This form is to be completed every year. If you have any questions or concerns, please contact your school nurse.

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EMERGENCY MEDICAL PLAN: DIABETES

Name: _____

Diabetes occurs when the pancreas does not make enough insulin. Without insulin, food cannot be used properly. A student with Type II diabetes must balance his/her food, exercise, and possibly medication as prescribed by a Health Provider. A student may experience a low Blood Sugar at any time.

Symptoms of Low Blood Sugar:

- | | | | |
|------------------|---------------------|------------|----------------------------|
| • Hunger | • Sweating | • Tremors | • Difficulty concentrating |
| • Irritability | • Dizziness | • Pallor | • Crying |
| • Confusion | • Poor coordination | • Headache | • Nervousness |
| • Blurred vision | • Abdominal pain | • Nausea | |

INTERVENTION:

1. WHEN IN DOUBT, TREAT.

2. Observe level of consciousness.

3. IF CONSCIOUS:

➤ GIVE FAST-ACTING SUGAR IMMEDIATELY:

- Juice box
- ½ can of regular soda
- Cakemate (one small tube)
- 3 – 4 Starbursts
- 4 Glucose tabs

➤ If meter is available, check Blood Sugar (normal range of Blood Sugar is: 70 – 120)

- If no improvement in 15 minutes, re-treat with fast-acting sugar. Notify parents and School Nurse.
- If improvement: Follow with protein snack of peanut butter or cheese crackers, etc.

4. IF UNCONSCIOUS:

➤ Call 911 – Call for CPR back-up. Call Parents and School Nurse

➤ Administer Glucagon injection if available, turn student on side and monitor closely. Remain with student until EMS arrives.

Parent/Guardian Signature

Date

School Nurse Signature

Date