

Student

Photo

Diabetes Health Care Plan for Continuous Glucose Monitoring

School: _____

Start Date: _____ End Date: _____

Name: _____ DOB: _____ Grade/ Homeroom: _____ Teacher: _____

1. Sensor Glucose (SG) is the value displayed on the sensor and Blood Glucose (BG) is the value obtained from a fingerstick.
2. School personnel and/or student should always check that the sensor is fully attached to the body.
3. School personnel are not expected to follow on Dexcom Share or Medtronic Connect.
4. Do not disconnect CGM for sports or activities.
5. If adhesive is peeling off, reinforce with medical tape.
6. If CGM falls off, do not throw pieces away, place in a bag, and contact and return to parents.
7. Insulin injections should be at least 3 inches away from CGM device.
8. If the blood sugar is out of range for the CGM to sense, please verify glucose level with a BG value.
9. **Do not use SG to determine if student has been adequately treated for a low. This should be determined with BG.**

Student Information

TYPE OF CGM: ☐ Dexcom G6/G7 ☐ Freestyle Libre ____

☐ Medtronic Enlite/Guardian with 670G/770G pump

☐ Tandem Control IQ with Dexcom G6

☐ Omnipod 5 with Dexcom G6

CGM Instructions (In addition to school orders):

☒ If SG is < ____ mg/dL, follow orders for hypoglycemia.

☒ SG may be used for insulin dosing and to indicate need to treat low if preferred by parent

☐ For hyperglycemia, check urine for ketones only if SG is > _____ for >3 hours

Authorization for the Release of Information:

I hereby give permission for _____ (school) to exchange specific, confidential medical information with Rainbow Peds Endocrinology (Diabetes healthcare provider) on my child _____ to develop more effective ways of providing for the healthcare needs of my child at school.

Prescriber Signature _____ Date _____

Parent Signature _____ Date _____

Rev. 05/2023 Reviewed by Dr. Jamie Wood

