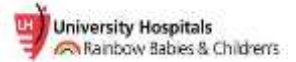


# Diabetes Health Care Plan for Insulin Administration via Insulin Pump

School: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Grade/Homeroom: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_



Transportation: ☐ Bus ☐ Car ☐ Van ☐ Type 1 ☐ Type 2

Parent/ Guardian Contact: Call in order of preference

Name

Telephone Number

Relationship

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Student  
Photo

Prescriber Name \_\_\_\_\_ Phone: 216-844-3661 Fax: 216-844-8900

**Blood Glucose Monitoring:** Meter Location \_\_\_\_\_ Student permitted to carry meter and check in classroom? ☐ Yes ☐ No

BG= Blood Glucose SG= Sensor Glucose

Testing Time: ☒ Before Breakfast/Lunch ☐ 1-2 hours after lunch ☐ Before/after snack ☐ Before/after exercise ☐ Before recess  
☐ Before riding bus/walking home ☒ **Always** check when student is feeling high, low and during illness  
☐ Other \_\_\_\_\_

**Snacks:** ☐ Please allow a \_\_\_\_\_ gram snack at \_\_\_\_\_ ☐ \_\_\_\_\_ gram snack before/after exercise, if needed

Snacks are provided by parent /guardian and located in \_\_\_\_\_

## Treatment for Hypoglycemia/Low Blood Sugar

If student is showing signs of hypoglycemia or if BG/SG is below \_\_\_\_\_ mg/dl

☒ **Treat with \_\_\_\_\_ grams of quick-acting glucose:**

☒ \_\_\_\_\_ oz juice or ☒ \_\_\_\_\_ glucose tablets or ☒ Glucose Gel or ☐ Other \_\_\_\_\_

☒ Retest blood sugar every 15 minutes, repeat treatment until blood sugar level is above target \_\_\_\_\_ mg/dl

☒ If student unconscious or having a seizure (severe hypoglycemia): Administer glucagon (see below), and call 911 and then parents

☒ Give Glucagon: ☐ Baqsimi 3mg intranasally

☐ Glucagon/Gvoke: dose \_\_\_\_\_ mg SQ

☒ **Notify parent/guardian for blood sugar below \_\_\_\_\_ mg/dl**

## Signs of Low Blood Sugar

personality change, feels funny, irritability, inattentiveness, tingling sensations headache, hunger, clammy skin, dizziness, drowsiness, slurred speech, seeing double, pale face, shallow fast breathing, fainting

## Treatment for Hyperglycemia /High Blood Sugar

If student showing signs of high blood sugar or if blood sugar is above 250 mg/dl

☒ Allow free access to water and bathroom

☒ Check ketones for blood sugar over 250 mg/dl, Notify parent/guardian if ketones are **moderate to large**

☒ **Notify parent/guardian for blood sugar over \_\_\_\_\_ mg/dl**

☒ Student does not have to be sent home for trace/small urine ketones

☒ See insulin correction scale; give correction as pump recommends (next page)

☒ **Call 911 and parent/guardian for hyperglycemia emergency. Symptoms may include nausea & vomiting, heavy breathing, severe abdominal pain, chest pain, increased sleepiness or lethargy, or loss of consciousness.**

***Document all blood sugars and treatment***

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Orders for Insulin Administered via Pump

Brand/Model of pump \_\_\_\_\_ Type of insulin in pump \_\_\_\_\_

Can student manage Insulin Pump Independently: ☐ Yes ☐ No ☐ Needs supervision (describe) \_\_\_\_\_

#### Settings in pump:

Insulin to Carb Ratio: 1 units per \_\_\_\_\_ grams Correction Scale: 1 units per \_\_\_\_\_ over \_\_\_\_\_ mg/dl

Give lunch dose: ☐ before meals ☐ immediately after meals ☐ if BG/SG is less than 100mg/dl give after meals

☒ Follow pump dosing as pump recommends (pump dose may be different than manually calculated dose due to IOB)

☐ Parents are authorized to adjust insulin dosage +/- by \_\_\_\_\_ units for the following reasons:

☐ Increase/Decrease Carbohydrate ☐ Increase/Decrease Activity ☐ Parties ☐ Other \_\_\_\_\_

Student may: ☐ Use temporary rate ☐ Use extended bolus ☐ Suspend pump for activity/lows ☐ Use exercise/activity mode

***\*If student is not able to perform above features on own and school staff is not trained on these features, staff will only be able to suspend pump for severe lows.***

☒ For BG/SG greater than 250 mg/dl that has not decreased in 2 hours after correction, consider pump failure or infusion site failure and contact parents. Check ketones.

☒ For infusion set failure, contact parent/guardian: Can student change own infusion set? ☐ Yes ☐ No

☒ Student/parent insert new infusion set

☒ Administer insulin by pen or syringe using pump recommendation

☒ For suspected pump failure suspend pump and contact parent/guardian

☒ Administer insulin by syringe or pen using pump recommendation

Activities/Skills	Independent		
Blood Glucose Monitoring	Yes	No	Needs supervision
Carbohydrate Counting	Yes	No	Needs supervision
Selection of snacks and meals	Yes	No	Needs supervision
Treatment for mild hypoglycemia	Yes	No	Needs supervision
Test urine/blood for ketones	Yes	No	Needs supervision
Management of Insulin Pump	Yes	No	Needs supervision
Management of CGM	Yes	No	Needs supervision

#### Authorization for the Release of Information:

I hereby give permission for \_\_\_\_\_ (school) to exchange specific, confidential medical information with RBC Pediatric 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