



Willoughby-Eastlake City Schools Health Services

STUDENT WITH DIABETES INDIVIDUAL HEALTH PLAN

MUST BE COMPLETED BY HEALTH CARE PROVIDER

Student's Name	Date of Birth	School/School Year
School Bus Number/Transportation	AM	PM

DAILY MANAGEMENT/SCHEDULE

	AM	Mid-morning	Lunch	Mid-afternoon
Blood Glucose Monitoring				
Insulin Injection (Time/Dosage/Type)				
Insulin Pump (Must be performed independently)				
Snack (Type/Grams)				

Blood Glucose Tests: Equipment and supplies to be provided by family.
 Target range for blood glucose: _____ mg/dl to _____ mg/dl

- Student tests independently
- Student tests with verification of number on meter by designated staff
- Student needs help with testing
- Test needs to be done by designated staff

Sliding Scale Administration:

Insulin Type _____	___ unit if BG > ___ mg/dl ___ unit if BG > ___ mg/dl ___ unit if BG > ___ mg/dl ___ unit if BG > ___ mg/dl ___ unit if BG > ___ mg/dl
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	Day of Week	Time	Snack (if necessary)	Other Instructions
Physical Education				
Recess				

Name of other medication	Dosage	Time of administration at school

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Diabetics can have extremes of high and low blood sugar. Is your child able to recognize symptoms of high and low blood sugar? ___Yes___No

Hypoglycemia/low blood sugar — your child's usual signs and symptoms:

___Shakiness, nervousness ___Speech difficulty ___Headache ___Nausea
___Mood changes; irritability, crying, confusion ___Fatigue ___Dizziness
___Blurred vision ___Unusual paleness; moist, clammy skin; cold sweats
Other: _____

Hypoglycemia Treatment:

- 2-4 glucose tablets
- 4 oz. of juice 15 gram snack if no meal or snack within next hour
- Glucose gel (using finger lace between cheek and gum in mouth) - 1/2 tube
- Glucagon (give _____ mg SQ in the arm or thigh)
- Call 911 for severe hypoglycemia i.e. loss of consciousness/seizure**
- Other:** _____

Hyperglycemia/high blood sugar — your child's usual signs and symptoms:

___Frequent thirst ___Frequent urination ___Nausea ___Fatigue
___Mood changes; irritability, crying, confusion, inappropriate responses
Other: _____

Hyperglycemia Treatment:

- Provide water and access to bathroom
- Test urine ketones if blood glucose is greater than _____, call parent if moderate or large
- See sliding scale instructions previous page

PARENT RESPONSIBILITIES (please initial next to each line)

- ___Will supply all necessary equipment, food and fluids
- ___Will notify school nurse of any changes to management plan, dosage or medication changes
- ___Will determine follow-up care for symptoms reported by school staff
- ___Will communicate necessary medical information between doctors and school staff
- ___Will update this plan annually
- ___Will provide updated emergency contact numbers as needed

SCHOOL NURSE RESPONSIBILITIES

- ___Will follow medical care plan as provided
- ___Will maintain daily log
- ___Will provide plan to teachers, cafeteria staff, transportation/bus drivers and building administrator
- ___Will contact parent if blood glucose is less than 70 or greater than 400
- ___Will attach copy of emergency form to this plan

I have read and reviewed this form and agree with its contents.	
Parent/guardian's signature: _____	Date: _____/_____/_____
Doctor's signature: _____	Date: _____/_____/_____
Doctor's phone number: _____	
Nurse's signature: _____	Date: _____/_____/_____