



TYPE 1 DIABETIC CARE PLAN

Student Name:

DOB:

Date of Plan

Review Date:

Review Date:

Written By:

Reviewed by:

Reviewed by:

D/C date

D/C Initials

Student is a Self-Manager Self-Management Contract Signed

Blood sugar testing:

Student does not test blood sugar at school Student tests blood sugar, per MD Orders:
 independently with supervision with assistance

Insulin administration:

No insulin administered at school Student administers insulin, per MD Orders:
 independently with supervision with assistance.

Insulin is administered using: insulin syringe insulin pen insulin pump.

Responding to high or low blood sugar reaction:

STUDENT CANNOT GO TO THE OFFICE ALONE OR BE LEFT UNSUPERVISED IF SYMPTOMS OF HIGH OR LOW BLOOD SUGAR ARE OBSERVED:

Student responds to high or low blood sugar reactions: independently with supervision with assistance.

Responding to severe hypoglycemia:

If student becomes unresponsive or unconscious, is unable/unwilling to swallow, has a seizure, turn student on side. Do not give food or fluids. Contact EMS/9-1-1 and monitor for absent breathing and pulse.

Student has emergency glucagon at school. Student has NO emergency glucagon at school.

Counting Carbohydrates:

Student calculates carbohydrates independently with supervision with assistance

Family provides lunch and information about carbohydrate count daily Student eats hot lunch and requires information from district about carbohydrate count.

Caregivers:

Student requires delegated care.

ALWAYS DEFER TO SCHOOL DIABETIC ORDERS

THIS STUDENT HAS AN EMERGENCY PLAN

Refer to Procedure for Blood Sugar Testing

Refer to Insulin Dose Guidelines or School Diabetic Orders

Refer to Procedure for Injectable Insulin Administration

Refer to Procedure for Insulin Pen Administration

Refer to Procedure for Insulin Administration via Insulin Pump

Refer to Procedure for Responding to High or Low Blood Sugar with Meter

Refer to Procedure for Responding to High or Low Blood Sugar without Meter

Refer to Procedure for Ketone Testing

Refer to Procedure for Glucagon Administration

Refer to Procedure for Severe Hypoglycemia With No Glucagon

Refer to Procedure for Counting Carbohydrates

Delegated Caregivers include:

NURSING DIAGNOSES	GOALS	INTERVENTIONS	OUTCOMES
<p><i>Risk for unstable blood glucose related to diet, activity, and/or insulin dosing.</i></p> <p><i>Risk for physiological injury related to hypoglycemia or hyperglycemic</i></p> <p><i>Knowledge deficit related to:</i></p> <p><i>blood glucose monitoring,</i></p> <p><i>insulin administration, dietary regimens,</i></p> <p><i>carbohydrate counting</i></p> <p><i>balance of diet, insulin and exercise.</i></p> <p><i>Health maintenance</i></p> <p><i>Risk for self-esteem disturbance related to chronic health condition</i></p> <p><i>Risk for altered role performance</i></p>	<p>CARE PLAN:</p> <p>Student will have adequate diabetes management in the school setting with assistance as indicated.</p> <p>Support positive school attendance through diabetic management and intervention.</p> <p>STUDENT:</p> <p>Student will perform or have assistance in performing blood glucose monitoring.</p> <p>Student will demonstrate increasing knowledge and self-care skills and progressing adaptation to chronic health problem.</p> <p>Student will have minimal disruptions in educational program and will have maximum possible school attendance</p> <p>Student will begin to recognize and treat early signs of low and high blood glucose.</p> <p>Student will manage or have assistance in managing low and high blood sugars</p> <p>Student will demonstrate increased adaptation to and psychological comfort with body changes and lifestyle requirements of living with diabetes</p>	<p>Consult with parent, student, and healthcare provider to develop routine and emergency procedures. Share procedures with school staff. Include plan for training staff for administration of insulin and glucagon.</p> <p>Instruct and reinforce skills as needed, arrange for medication at school.</p> <p>Consult with food services and parents regarding carbohydrate content</p> <p>Assess caregiver level of understanding of diabetes. Provide staff education including:</p> <ol style="list-style-type: none"> 1. Physiology of diabetes 2. Signs and symptoms of hypoglycemia and hyperglycemia, and how to treat 3. Blood glucose monitoring, if ordered 4. Glucagon Training <p>Assess student's level of understanding of disease process and self-care skills. Discuss the following with the student and parent:</p> <ol style="list-style-type: none"> 1. Early symptoms of low and high blood sugars and appropriate actions to take 2. Responsibility to report symptoms when they first appear 3. Blood glucose monitoring and record keeping 4. Urine ketone testing and record keeping 5. Insulin administration, if given at school 6. Diet modifications for meals, snacks, field trips, or other events <p>Establish communication and reporting system between school and home.</p> <p>Provide reinforcement and praise follow-through for self-management skills.</p> <p>Create opportunities for student to express feelings about diabetes, feelings of isolation, being different, or peer rejection.</p> <p>Support student and family through active listening, monitoring and reporting. Link with community resources and assist with referrals as indicated.</p> <p>Collaborate with parent, physician, guidance counselor, teachers, and student to discuss diabetes and overall management plan. Encourage school attendance and participation in activities</p>	<p>Student will have adequate diabetes management in the school setting with assistance as indicates.</p> <p>Student will have minimal disruptions to educational programs.</p> <p>Positive school attendance will be supported through appropriate management and interventions.</p> <p>Student will have assistance managing hypoglycemic events.</p> <p>Student will demonstrate progressing adaptation to chronic health problems</p> <p>Student will demonstrate increasing knowledge of self-care skills</p>