

# Diabetes Health Care Plan for Insulin Administration via Syringe or Pen

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name: \_\_\_\_\_ Grade/ Homeroom: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

Parent/ Guardian Contact: Call in order of preference

Name

Telephone Number

Relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Prescriber Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**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 bus ride/walking home ☐ **Always** check when student is feeling high, low and during illness ☐ Other \_\_\_\_\_

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

Snacks are provided by parent /guardian and are 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 no meal or snack within the hour give a 15-gram snack

☐ If student unconscious or having a seizure (severe hypoglycemia): Call 911 and then parents

☐ Give Glucagon: Amount of Glucagon to be administered: \_\_\_\_\_ (0.5 or 1 mg) IM, SC **OR** ☐ Baqsimi 3 mg intranasally

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

## Treatment for Hyperglycemia /High Blood Sugar

If student showing signs of high blood sugar or if blood sugar is above \_\_\_\_\_ 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 (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***

### 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

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

### Orders for Insulin Administration

Insulin is administered via: ☐ Vial/Syringe ☐ Insulin Pen ☐ Not taking insulin at school

Can student draw up correct dose, determine correct amount and give own injections?

☐ Yes ☐ No ☐ Needs supervision (describe) \_\_\_\_\_

Insulin Type: \_\_\_\_\_ Student permitted to carry insulin & supplies: ☐ Yes ☐ No

### Calculation of Insulin Dose: A+B=C

**A. Insulin to Carbohydrate Ratio:** 1 unit of Insulin per \_\_\_\_\_ grams of carbohydrate

Give \_\_\_\_\_ units for \_\_\_\_\_ grams

Give \_\_\_\_\_ units for \_\_\_\_\_ grams

Give \_\_\_\_\_ units for \_\_\_\_\_ grams

Give \_\_\_\_\_ units for \_\_\_\_\_ grams

OR

$$\frac{\text{Carbohydrates To Eat}}{\text{Carbohydrate Ratio}} = \frac{\text{Carbohydrate Bolus}}{\text{Carbohydrate Ratio}} = \text{Units of Insulin (A)}$$

**B. Correction Factor:** \_\_\_\_\_ unit/s of insulin for every \_\_\_\_\_ over \_\_\_\_\_ mg/dl  
Target BG

If BG/SG is \_\_\_\_\_ to \_\_\_\_\_ mg/dl Give \_\_\_\_\_ units

If BG/SG is \_\_\_\_\_ to \_\_\_\_\_ mg/dl Give \_\_\_\_\_ units

If BG/SG is \_\_\_\_\_ to \_\_\_\_\_ mg/dl Give \_\_\_\_\_ units

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If BG/SG is \_\_\_\_\_ to \_\_\_\_\_ mg/dl Give \_\_\_\_\_ units

OR

$$\frac{\text{Current BG/SG} - \text{Target BG}}{\text{Correction Factor}} = \frac{\text{Amount to Correct}}{\text{Correction Factor}} = \text{Units of Insulin (B)}$$

### C. Mealtime Insulin dose = A + B

☐ Other: \_\_\_\_\_

Give mealtime dose: ☐ before meals ☐ immediately after meals ☐ If blood glucose is less than 100mg/dl give after eating

☐ Parental authorization should be obtained before administering a correction dose for high blood glucose level (excluding meal time)

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

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

Student self-care task	Independent	
Blood Glucose Monitoring	Yes	No
Carbohydrate Counting	Yes	No
Selection of snacks and meals	Yes	No
Insulin Dose calculation	Yes	No
Insulin injection Administration	Yes	No
Treatment for mild hypoglycemia	Yes	No
Test Urine/Blood for Ketones	Yes	No

### Authorization for the Release of Information:

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



Reviewed by  
Drs Carly Wilbur & Jamie Wood