



# Huntsville Independent School District

## Diabetes Medical Action Plan For School

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

Student: \_\_\_\_\_

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

Type of Diabetes:  Type 1  Type 2  Other: \_\_\_\_\_

### Blood glucose monitoring:

Meter Type: \_\_\_\_\_

Blood glucose target range: \_\_\_\_\_ - \_\_\_\_\_ mg/dl

Blood glucose monitoring times: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

No glucose monitoring at school

At student's discretion excluding suspected hypoglycemia

For suspected hypoglycemia

Supervision of monitoring and results

Permission to monitor independently

Assistant with monitoring and results

Check blood glucose 10 to 20 minutes before boarding bus

### Diabetes Medication:

No insulin at school: Current insulin at home: \_\_\_\_\_

Oral diabetes medication at school: \_\_\_\_\_

Insulin at school:  Humalog  Novolog  Apidra  Other: \_\_\_\_\_

Insulin delivery device:  Syringe and vial  Insulin pen  Insulin pump

Insulin dosage for school: \_\_\_\_\_

Standard lunch time: \_\_\_\_\_

Meal bolus: \_\_\_\_\_ units of insulin per \_\_\_\_\_ grams carbohydrate(s)

Correction for blood glucose: \_\_\_\_\_ units of insulin for every \_\_\_\_\_ md/dl above \_\_\_\_\_ md/dl

**(Correction bolus can be given with meals or every 3 hours if blood glucose levels are high)**

### Correction Scale

Blood Glucose Value (mg/dl)	Units of Insulin
Less than 100	
100-150	
151-200	
201-250	
251-300	
301-350	
352-400	
More than 400	

*(Note: Insulin dose is a total of meal bolus and correction bolus)*

Parent/guardian may adjust insulin doses within the following range: \_\_\_\_\_

### Meal Plan

1 carbohydrate choice = \_\_\_\_\_ grams of carbohydrate(s)

<input type="checkbox"/> Meal Plan prescribed	<input type="checkbox"/> Meal Plan variable
Breakfast time:	# of carb choices =
Morning Snack time:	# of carb choices =
Lunch time:	# of carb choices =
Afternoon time:	# of carb choices =

### Hypoglycemia

Blood Glucose < \_\_\_\_\_ mg/dl

Self treatment of mild lows

Assistance for all lows

Immediately treat with 15 gm(s) of fast acting carbohydrates (e.g. juice, glucose tabs, soda, and glucose gel)

Recheck blood glucose in 15 minutes and repeat 15gm(s) of carbohydrates if blood glucose remains low

If more than 1 hour until next meal or snack student should have another 15 gm(s) of carbohydrates

If child will be participating in additional exercise or activities before the next meal, provide additional carbohydrate choice

[ ] If student is using an insulin pump, suspend pump until blood glucose is back in goal range

### Severe Hypoglycemia

If the child is unconscious or having seizures due to low blood glucose immediately administer injection

of: **Glucagon** \_\_\_\_\_ **mg (glucagon emergency kit)**

- Immediately after administering the Glucagon, turn the student onto their side. Vomiting is a common side effect of Glucagon.
- Notify parent/guardian and EMS per protocol.

### Hyperglycemia

Blood Glucose > \_\_\_\_\_ mg/dl

[ ] Check ketones when blood glucose > \_\_\_\_\_ mg/dl or student is sick.

[ ] Use Correction Scale insulin orders when blood glucose is \_\_\_\_\_ mg/dl.

[ ] Unlimited bathroom pass.

[ ] Notify parent immediately of blood glucose > \_\_\_\_\_ mg/dl or student is vomiting

[ ] If student is using an insulin pump, follow DKA prevention protocol.

### Special Occasions

[ ] Arrange for appropriate monitoring and access to supplies on all field trips.

\_\_\_\_\_  
Print name of Physician/Licensed Prescriber

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician/Licensed Prescriber

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

**Return to:** \_\_\_\_\_  
RN, School Nurse

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax