

## Diabetes Support Plan & Medical Alert Information

**Instructions:** This form is a communication tool for use by parents to share information with the school. Students who are receiving Nursing Support Services (NSS) Delegated Care do not need to complete page 3. This form does NOT need to be completed by Diabetes Clinic staff, Nursing Support Service Coordinators or Public Health Nurses.

Student Name:		Date of Birth:	
School:	Grade:	Teacher/Div:	
Care Card Number:		Date of Plan:	
<b>CONTACT INFORMATION</b>			
<b>Parent/Guardian 1:</b>	Name: _____		<input type="checkbox"/> Call First
Phone Numbers:	Home: _____	Work: _____	Other: _____
<b>Parent/Guardian 2:</b>	Name: _____		<input type="checkbox"/> Call First
Phone Numbers:	Home: _____	Work: _____	Other: _____
<b>Other/Emergency:</b>	Name: _____		Relationship: _____
	Able to advise on diabetes care: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone Numbers:	Home: _____	Work: _____	Other: _____
<p>Have emergency supplies been provided in the event of a natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, location of emergency supply of insulin: _____</p>			
<b>STUDENTS RECEIVING NSS DELEGATED CARE</b>			
NSS Coordinator: _____		Phone: _____	
School staff providing delegated care:			
_____		_____	
_____		_____	
_____		_____	

Parent Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**MEDICAL ALERT**  
**~ TREATING MILD TO MODERATE LOW BLOOD GLUCOSE ~**  
**(NOTE: Prompt attention can prevent severe low blood sugar)**

SYMPTOMS	TREATMENT FOR STUDENTS NEEDING ASSISTANCE (anyone can give sugar to a student)		
<input type="checkbox"/> Shaky, sweaty <input type="checkbox"/> Hungry <input type="checkbox"/> Pale <input type="checkbox"/> Dizzy <input type="checkbox"/> Irritable <input type="checkbox"/> Tired/sleepy <input type="checkbox"/> Blurry vision <input type="checkbox"/> Confused <input type="checkbox"/> Poor coordination <input type="checkbox"/> Difficulty speaking <input type="checkbox"/> Headache <input type="checkbox"/> Difficulty concentrating <input type="checkbox"/> Other: _____	<p>Location of fast acting sugar: _____</p> <p>1. If student able to swallow, give one of the following fast acting sugars:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>10 grams</b></p> <input type="checkbox"/> _____ glucose tablets  <input type="checkbox"/> ½ cup of juice or regular soft drink  <input type="checkbox"/> 2 teaspoons of honey  <input type="checkbox"/> 10 skittles  <input type="checkbox"/> 10 ml (2 teaspoons) or 2 packets of table sugar dissolved in water  <input type="checkbox"/> Other (ONLY if 10 grams are labelled on package): _____                      _____                 </td> <td style="width: 50%; vertical-align: top;"> <p><b>OR 15 Grams</b></p> <input type="checkbox"/> _____ glucose tablets  <input type="checkbox"/> ¾ cup of juice or regular soft drink  <input type="checkbox"/> 1 tablespoon of honey  <input type="checkbox"/> 15 skittles  <input type="checkbox"/> 15 ml (1 tablespoon) or 3 packets of table sugar dissolved in water  <input type="checkbox"/> Other (ONLY if 15 grams are labelled on package): _____                 </td> </tr> </table> <p>2. Contact designated emergency school staff person</p> <p>3. Blood glucose should be retested in 15 minutes. Re-treat as above if symptoms do not improve or if blood glucose remains below 4 mmol/L</p> <p>4. Do not leave student unattended until blood glucose 4 mmol/L or above</p> <p>5. Give an extra snack such as cheese and crackers if next planned meal/snack is not for 45 minutes.</p>	<p><b>10 grams</b></p> <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> ½ cup of juice or regular soft drink <input type="checkbox"/> 2 teaspoons of honey <input type="checkbox"/> 10 skittles <input type="checkbox"/> 10 ml (2 teaspoons) or 2 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 10 grams are labelled on package): _____ _____	<p><b>OR 15 Grams</b></p> <input type="checkbox"/> _____ glucose tablets <input type="checkbox"/> ¾ cup of juice or regular soft drink <input type="checkbox"/> 1 tablespoon of honey <input type="checkbox"/> 15 skittles <input type="checkbox"/> 15 ml (1 tablespoon) or 3 packets of table sugar dissolved in water <input type="checkbox"/> Other (ONLY if 15 grams are labelled on package): _____
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**MEDICAL ALERT**  
**~ GIVING GLUCAGON FOR SEVERE BLOOD GLUCOSE ~**

SYMPTOMS		PLAN OF ACTION
<ul style="list-style-type: none"> <li>Unconsciousness</li> <li>Having a seizure (or jerky movements)</li> <li>So uncooperative that you cannot give juice or sugar by mouth</li> </ul>		<ul style="list-style-type: none"> <li>Place on left side and maintain airway</li> <li>Call 911, then notify parents</li> <li>Manage a seizure: protect head, clear area of hard or sharp objects, guide arms and legs but do not forcibly restrain, do not put anything in mouth</li> <li>Administer glucagon</li> </ul>
Medication	Dose & Route	Directions
Glucagon (GlucaGen or Lilly Glucagon)  <u>Frequency:</u> Emergency treatment for severe low blood glucose	0.5 mg = 0.5 ml. (for students 5 years of age and under) <u>OR</u> 1.0 mg - 1.0 ml (for students 6 years of age and over)  Give by injection: Intramuscular	<ul style="list-style-type: none"> <li>Remove cap</li> <li>Inject liquid from syringe into dry powder bottle</li> <li>Roll bottle gently to dissolve powder</li> <li>Draw fluid dose back into the syringe</li> <li>Inject into outer mid-thigh (may go through clothing)</li> <li>Once student is alert, give juice or fast acting sugar</li> </ul>

**LEVEL OF SUPPORT REQUIRED FOR STUDENTS NOT RECEIVING NSS DELEGATED CARE**

Requires checking that task is done (child is proficient in task):

- Blood glucose testing
- Carb counting/adding
- Administers insulin
- Eating on time if on NPH insulin
- Act based on BG result

Requires reminding to complete:

- Blood glucose testing
- Carb counting/adding
- Insulin Administration
- Eating on time if on NPH insulin
- Act based on BG result

Student is completely independent

**MEAL PLANNING:** The maintenance of a proper balance of food, insulin and physical activity is important to achieving good blood glucose control in students with diabetes.

In circumstances when treats of classroom food is provided but not labelled, the student is to:

- Call the parent for instructions
- Manage independently

**BLOOD GLUCOSE TESTING:** Students must be allowed to check blood glucose level and respond to the results in the classroom, at every school location or at any school activity. If preferred by the student, a private location to do blood glucose monitoring must be provided, unless low blood sugar is suspected.

Frequency of Testing:  mid-morning     lunchtime     mid-afternoon     before sport or exercise  
 with symptoms of hyper/hypoglycemia     before leaving school

Location of equipment: \_\_\_\_\_ With student \_\_\_\_\_ In classroom \_\_\_\_\_ In office \_\_\_\_\_  
 Other \_\_\_\_\_

Time of day when low blood glucose is most likely to occur: \_\_\_\_\_

Instructions if student takes school bus home: \_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL ACTIVITY:** Physical exercise can lower the blood glucose level. A source of fast-acting sugar should be within reach of the student at all times (see page 2 for more details). Blood glucose monitoring is often performed prior to exercise. Extra carbohydrates may need to be eaten based on the blood glucose level and the expected intensity of the exercise.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSULIN:** All students with type 1 diabetes use insulin. Some students require insulin during the school day, most commonly before meals.

Is insulin required at school on a daily basis?  Yes  No

Insulin delivery system:  Pump  Pen  Needle and syringe (at home or student fully independent)

Frequency of insulin administration: \_\_\_\_\_

Location of insulin:

With student \_\_\_\_\_

In classroom \_\_\_\_\_

In office \_\_\_\_\_

Other \_\_\_\_\_

**Insulin should never be stored in a locked cupboard.**