

AP 323-1 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: _____

CONTACT INFORMATION
Name (Parent/Guardian 1): _____ <input type="checkbox"/> Call First Cell: _____ Work: _____ Home: _____ Other: _____
Name (Parent/Guardian 2): _____ <input type="checkbox"/> Call First Cell: _____ Work: _____ Home: _____ Other: _____
Name (Other/Emergency): _____ Relationship: _____
Able to advise on diabetes care: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell: _____ Work: _____ Home: _____ Other: _____
Have emergency supplies been provided in the event of a natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, location of emergency supply of insulin: _____
STUDENTS RECEIVING NSS DELEGATED CARE
NSS Coordinator: _____ Phone: _____
School staff providing delegated care: _____ _____ _____

Parent Signature: _____ Date: _____

Parent Name: _____

Diabetes Support Plan – Student: _____

Medical Alert – Treating Mild to Moderate Low Blood Glucose				
Note: Prompt attention can prevent severe low blood sugar				
Symptoms	Treatment for Students Needing Assistance (<u>anyone</u> can give sugar to a student)			
<ul style="list-style-type: none"> <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>10 grams</p> <ul style="list-style-type: none"> <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>OR 15 grams</p> <ul style="list-style-type: none"> <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. Retreat 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>10 grams</p> <ul style="list-style-type: none"> <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>OR 15 grams</p> <ul style="list-style-type: none"> <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 <u>Severe</u> Low Blood Glucose				
Symptoms	Plan of Action			
<ul style="list-style-type: none"> • Unconsciousness • Having a seizure (or jerky movements) • So uncooperative that you cannot give juice or sugar by mouth 	<ul style="list-style-type: none"> • Place on left side and maintain airway • Call 911, then notify parents • 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 • Administer glucagon 			
Medication	Dose & Route	Directions		
Glucagon (GlucaGen or Lilly Glucagon) Frequency: Emergency treatment for severe low blood glucose	0.5 mg=0.5 ml (for students 5 years of age and under) OR 1.0 mg=1.0 ml (for students 6 years of age and over) Give by injection: Intramuscular	<ul style="list-style-type: none"> • Remove cap • Inject liquid from syringe into dry powder bottle • Roll bottle gently to dissolve powder • Draw fluid dose back into the syringe • Inject into outer mid-thigh (may go through clothing) • Once student is alert, give juice or fast acting sugar 		

Diabetes Support Plan – Student: _____

Level of Support Required for Students not Receiving NSS Delegated Care		
Requires checking that task is done (child is proficient in task): <input type="checkbox"/> Blood glucose testing <input type="checkbox"/> Carb counting/adding <input type="checkbox"/> Administers insulin <input type="checkbox"/> Eating on time if on NPH insulin <input type="checkbox"/> Act based on BG result	Requires reminding to complete: <input type="checkbox"/> Blood glucose testing <input type="checkbox"/> Carb counting/adding <input type="checkbox"/> Insulin administration <input type="checkbox"/> Eating on time if on NPH insulin <input type="checkbox"/> Act based on BG results	<input type="checkbox"/> 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 or classroom food is provided but not labelled, the student is to: <input type="checkbox"/> Call the parent for instructions <input type="checkbox"/> 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: <input type="checkbox"/> mid-morning <input type="checkbox"/> lunchtime <input type="checkbox"/> mid-afternoon <input type="checkbox"/> before sport or exercise <input type="checkbox"/> With symptoms of hyper/hypoglycemia <input type="checkbox"/> Before leaving school Location of equipment: <input type="checkbox"/> With student <input type="checkbox"/> In classroom <input type="checkbox"/> In office <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Insulin delivery system: <input type="checkbox"/> Pump <input type="checkbox"/> Pen <input type="checkbox"/> Needle and syringe (at home or student fully independent) Frequency of insulin administration:	Location of insulin: <input type="checkbox"/> With student <input type="checkbox"/> In classroom <input type="checkbox"/> In office <input type="checkbox"/> Other: : _____ Insulin should never be stored in a locked cupboard.	