

School Diabetes Worksheet
Eugene School District 4J Health Services

To be completed by parents, health care teams and reviewed with necessary school staff. Original will be placed in health folder. Copies will be given to each teacher and administrator.

Diabetes Care Plan for: _____ **Date of Birth:** _____
School _____ School Year _____ Grade _____
Parent/Guardian: _____ **Address:** _____
Home phone: _____ Work phone: _____ Cell/Pager: _____
Parent/Guardian: _____ **Address:** _____
Home phone: _____ Work phone: _____ Cell/Pager: _____
Emergency Contact: _____ **Address:** _____
Home phone: _____ Work phone: _____ Cell/Pager: _____
School Nurse: _____ **Work phone:** _____ **Back-Up:** _____

Medical Information:
Doctor/Diabetes Care Provider: _____ **Telephone:** _____
Address _____ Fax _____
Exchange of information signed? _____ Expires _____
Signed MD orders received _____ Last HgbA1C _____ in _____ (date)

History:
Date of Diagnosis _____, _____ Type 1 or _____ Type 2 Age at Diagnosis _____
Level of Control in past: _____ excellent _____ good _____ adequate _____ improvement needed
Diabetes Education _____
Family's diabetes history//knowledge of condition _____
Diabetes Camp/Group learning experience _____ (date/where)
Last ER/Hospital visit for diabetes _____
Wears Medical alert tag? _____ Other health conditions? _____

Blood Glucose Monitoring:
Current target range for blood glucose: _____ mg/dl to _____ mg/dl
Type of blood glucose meter student uses: _____
Usual times to test glucose: _____
Times to do extra tests: (check all that apply)
_____ Before exercise _____ After exercise
_____ When student exhibits signs/symptoms of hypoglycemia
_____ When student exhibits signs/symptoms of hyperglycemia
_____ Other (explain) _____
Can student perform own blood sugar test? Yes _____ No _____ Interpret results? Yes _____ No _____
Exceptions/notes: _____

School personnel trained to monitor blood glucose level and dates of training: _____

Current Insulin: (see additional page if pump or basal/bolus used)
Time Type Dosage Can student safely give own injection? Yes No
AM _____ Can student correctly determine insulin dose? Yes No
Lunch _____ Can student draw correct dose of insulin? Yes No
Supervision of Insulin, Nursing Task Delegation? Yes _____ No _____ (additional documentation needed)

Meals and snacks eaten at school: (CHO content is important in maintaining stable blood glucose levels.)
Breakfast _____ Snack before exercise? _____
AM snack _____ Snack after exercise? _____
Lunch _____ Preferred foods for class parties? _____
PM snack _____ Foods to avoid? _____

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A SOURCE OF GLUCOSE SHOULD BE READILY AVAILABLE AT ALL TIMES.
(_____ preferred/works well)

Hypoglycemia: (low blood sugar)

Usual symptoms of LOW blood sugar: _____
Treatment: Blood Sugar < _____ Response _____
Retest in _____ minutes. Repeat X _____ Call parent if _____
Frequency of hypoglycemia _____
If is unconscious, having a seizure, unable to swallow, ___ Call 911, ___ Give Glucagon, ___ Call Parent
Glucagon MD orders? _____ Parent providing to school? _____ Exp. Date _____
School personnel trained to administer Glucagon/dates of training: _____

Hyperglycemia: (high blood sugar)

Usual symptoms of HIGH blood sugar: _____
Treatment: Blood Sugar > _____ Response _____
Circumstances where ketones should be tested: _____
Treatment for ketones: _____
Student should not exercise if ketones are _____ and blood sugar is at or above _____ mg/dl.

Notify parent if/when blood sugar is less than _____ or greater than _____
or _____.

Exercise and Sports:

A snack such as _____ should be readily available at the site of exercise or sports.
Any activity restrictions? _____
Student **should not** exercise if blood glucose is below _____ mg/dl.

Location of Supplies at School:

Blood glucose monitoring kit: _____ Glucagon kit: _____
Insulin administration supplies: _____ Ketone testing supplies: _____
Extra Snack foods: _____
Friends/students that can assist student: _____

Field trips: Notify parent prior to trip. Take Diabetes Supply, Care is provided by:
___ accompanying parent ___ trained and designate school staff ___ student sufficiently independent

Assessment Completed with Parent:

School Nurse _____ Date _____

School Nurse is authorized to share this information with school staff ___yes ___no
In an urgent situation, school staff may share this information with Emergency Medical System ___yes ___no
Parent/Guardian _____ Date _____

Reviewed with:

School Administrator _____ Date _____

Office Staff _____ Date _____

Teachers _____ Date _____

PE Teacher _____, Music Teacher _____, Playground and Lunch Supervision _____, Bus Driver _____
(circle&date)

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Students with Basal/Bolus:

Usual lunch dose ____ units (Humalog/Novolog/Regular-circle) or flexible dose ____ units/____ gms CHO
 Other insulin at lunch ____ units (intermediate/NPH/lente) or ____ units basal (eg Lantus) _____ (name)

Students with Insulin Pumps:

Type of Pump _____ Started pump _____
 Pump Diabetes Educator _____ Phone/e-mail _____
 Insulin/Carbohydrate Ratio: _____ Type Insulin in Pump _____
 Basal Rates during School Day: _____

Student's Level of Self-Care:	Independent	School Assistance Requested	Parental Oversight and Involvement
Carbohydrate (CHO) Calculations			
Bolus correct amount for CHO consumed			
Calculate and give pre-meal corrective bolus			
Select own snacks & meals			
Calculate and give corrective bolus prn			
Calculate and set basal rates			
Calculate and set temporary basal rate			
Stop delivery when indicated			
Disconnect pump at infusion site			
Reconnect pump at infusion site			
Interpret Pump Alarms			
Correct Pump Alarms			
Prepare reservoir and tubing			
Insert infusion set			
Treat mild hypoglycemia			
Urine Ketone Testing			

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References:

- American Diabetes Association Position Statement “Care of Children with Diabetes in the School and Day Care Setting”, *Diabetes Care*, Volume 26, Supplement 1, January 2003
http://care.diabetesjournals.org/cgi/reprint/26/suppl_1/s131?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&titleabstract=School+and+Day+Care+Setting&searchid=1136824939614_128&FIRSTINDEX=0&fdate=1/1/2003
- Haas, M, ed., The School Nurse’s Source Book of Individualized Healthcare Plans, vol. 1, Sunrise River Press, 1993.
- Hodge, Jan, School Nurse Materials, Animas Corporation, Sept 2005.
- Klamath Union High School 2004/2005, ”Diabetes Health Care Plan”
- National Diabetes Education Program *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, June 2003 88 pages, available for download. Diabetes Medical Management Plan pgs. 49-54
http://www.ndep.nih.gov/diabetes/pubs/Youth_NDEPSchoolGuide.pdf
- National Association of School Nurses Consensus Statement Safe Delivery of Care for children with Diabetes in Schools Jan 12, 2005.
<http://www.nasn.org/Portals/0/statements/consensusdiabetes.pdf>