

PREVALENT MEDICAL CONDITION — TYPE 1 DIABETES
Plan of Care

STUDENT INFORMATION

Student Name: _____ Date Of Birth: _____

OEN: # _____ Age: _____ Grade: _____ Weight: _____

- IET
- Resource

Teacher(s): _____

Student Photo

EMERGENCY CONTACTS (LIST IN PRIORITY)

First contact must be a parent.

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

TYPE 1 DIABETES SUPPORTS

Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.) _____

Method of home-school communication: _____

Any other medical condition or allergy? _____

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT

Student is able to manage their diabetes care independently and does not require any special care from the school.

Yes

No

If Yes, go directly to page five (5) — Emergency Procedures

ROUTINE	ACTION
<p>BLOOD GLUCOSE MONITORING</p> <p><input type="checkbox"/> Student requires a trained individual to check BG/read meter.</p> <p><input type="checkbox"/> Student needs supervision to check BG/ read meter.</p> <p><input type="checkbox"/> Student can independently check BG/ read meter.</p> <p><input type="checkbox"/> Student has continuous glucose monitor (CGM)</p> <p>* If trained individual is absent, then family and principal will discuss alternative options.</p>	<p>Target Blood Glucose Range _____</p> <p>Time(s) to check BG: _____</p> <p>_____</p> <p>Contact Parent(s)/Guardian(s) if BG is: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p>
<p>NUTRITION BREAKS</p> <p><input type="checkbox"/> Student requires supervision during meal times to ensure completion.</p> <p><input type="checkbox"/> Student can independently manage his/her food intake.</p> <p>* Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time.</p>	<p>Recommended time(s) for meals/snacks: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p> <p>Special instructions for meal days/ special events: _____</p> <p>_____</p>

ROUTINE	ACTION (CONTINUED)
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INSULIN

- Student does not take insulin at school.

- Student takes insulin at school by:
 - Injection*
 - Pump

- Insulin is given by:
 - Student
 - Student with supervision
 - Parent(s)/Guardian(s)
 - Community Nurse

* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.

Location of insulin: _____

Required times for insulin: _____

- | | |
|---|---|
| <input type="checkbox"/> Before school: | <input type="checkbox"/> Morning Break: |
| <input type="checkbox"/> Lunch Break: | <input type="checkbox"/> Afternoon Break: |

Dose _____	Blood Glucose Scale	<input type="checkbox"/> 4-6 <input type="checkbox"/> 8-12
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***Administration of Prescribed Medication form must be completed and signed by physician.**

Additional comments:

ACTIVITY PLAN

Physical activity lowers blood glucose. Blood Glucose is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within students' reach.

Please indicate what this student must do prior to physical activity to help prevent low blood sugar:

1. Before activity: _____
2. During activity: _____
3. After activity: _____

Parent(s)/Guardian(s) Responsibilities: _____

School Responsibilities: _____

Student Responsibilities: _____

For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)

ROUTINE	ACTION (CONTINUED)
<p>DIABETES MANAGEMENT KIT</p> <p>Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.</p>	<p>Kits will be available in different locations but will include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets <input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) <input type="checkbox"/> Carbohydrate containing snacks <input type="checkbox"/> Other (Please list) _____ _____ <p>Location of Kit: _____</p>
<p>SPECIAL NEEDS</p> <p>A student with special considerations may require more assistance than outlined in this plan.</p>	<p>Comments:</p>

EMERGENCY PROCEDURES**HYPOGLYCEMIA – LOW BLOOD GLUCOSE
DO NOT LEAVE STUDENT UNATTENDED**

Usual symptoms of Hypoglycemia for my child are:

- | | | | |
|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Shaky | <input type="checkbox"/> Irritable/Grouchy | <input type="checkbox"/> Dizzy | <input type="checkbox"/> Trembling |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Headache | <input type="checkbox"/> Hungry | <input type="checkbox"/> Weak/Fatigue |
| <input type="checkbox"/> Pale | <input type="checkbox"/> Confused | <input type="checkbox"/> Other _____ | |

Steps to take for **Mild** Hypoglycemia (student is responsive)

1. Call BSA Nurse to check blood glucose, give _____ grams of fast acting carbohydrate provided by parent (e.g. ½ cup juice, 15 skittles)
 - If absent, Call HCN at ext. 5555
2. Re-check blood glucose in 15 minutes.
3. If still below _____ mmol/L, repeat steps 1 and 2 until BG is above _____ mmol/L. Give a starchy snack if next meal/snack, _____ is more than one (1) hour away.
4. Call First Emergency Contact

Steps for **Severe** Hypoglycemia (student is unresponsive)

1. Place the student on their side in the recovery position. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives.
2. Call BSA Nurse STAT
 - If absent, Call **Code Blue** at ext. 5555
3. Call **9-1-1**.
4. Contact parent(s)/guardian(s) or emergency contact

**HYPERGLYCEMIA — HIGH BLOOD GLOCOSE
(14 MMOL/L OR ABOVE)**

Usual symptoms of hyperglycemia for my child are:

- | | | |
|---|---|---|
| <input type="checkbox"/> Extreme Thirst | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Blurred Vision |
| <input type="checkbox"/> Warm, Flushed Skin | <input type="checkbox"/> Irritability | <input type="checkbox"/> Other: _____ |

Steps to take for **Mild** Hyperglycemia

1. Allow student free use of bathroom
2. Encourage student to drink water only
3. Inform the parent/guardian if BG is above _____

Symptoms of Severe Hyperglycemia

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Rapid, Shallow Breathing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fruity Breath |
|---|-----------------------------------|--|

Steps to take for **Severe** Hyperglycemia

1. Call BSA Nurse STAT
 - a. If absent, Call **Code Blue** at ext. 5555
2. Call parent(s)/guardian(s) or emergency contact

