



# Diabetes Action Plan

Childs' picture here.

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY HEALTH CARE PROVIDER

### Blood Glucose Monitoring:

Target range for blood glucose: \_\_\_\_\_ mg/dl to \_\_\_\_\_ mg/dl

- Times to check blood glucose:** \_\_\_\_\_ With symptoms of hypoglycemia (shaky, sweaty, confused)  
 \_\_\_\_\_ With symptoms of hyperglycemia (thirst, frequent urination)  
 \_\_\_\_\_ Before/after exercise  
 \_\_\_\_\_ Other  
 \_\_\_\_\_ Student may carry own meter and supplies with them

Student can perform own blood glucose checks (**with/without supervision**)

**Hypoglycemia treatment:** 2-4 glucose tabs **or**  
(low blood glucose) 4 oz. of juice **or**

Treat if BG under \_\_\_\_\_ Glucose gel (or cake decorating gel) ½ tube if no meal or snack within next half hour, then give a 15 gram snack

**Severe Hypoglycemia Treatment:** \_\_\_\_\_ Glucose gel or cake decorating gel (using finger, place (i.e.: loss of consciousness, seizure) ½ tube between cheek & gum in mouth)  
 \_\_\_\_\_ Glucagon (give 0.5 mg/1mg SQ in the arm or thigh)  
 \_\_\_\_\_ **Call 911**

**Hyperglycemia Treatment:** \_\_\_\_\_ Provide water and access to bathroom  
(high blood sugar) \_\_\_\_\_ Test urine ketones if blood glucose is greater than \_\_\_\_\_, call parent if moderate or large ketones

**Insulin:** \_\_\_\_\_ Student may give own SC injections (**with supervision/without supervision**)  
 \_\_\_\_\_ Student not taking insulin at school

_____ SC insulin	_____ Humalog
_____ Insulin via insulin pump	_____ Novolog
_____ Insulin with lunch	_____ Humulin R
_____ Insulin with snacks	_____ Other
_____ Other	

_____ meal coverage: _____ units per _____ grams carbs
_____ correction scale: _____ units per _____ over _____
_____ sliding scale:

- \_\_\_\_\_ Student using an insulin pump may give own boluses
- \_\_\_\_\_ Give \_\_\_\_\_ units of Humalog/Novolog/Humulin R-SC if glucose is > \_\_\_\_\_
- \_\_\_\_\_ Student may determine correct dose of insulin unsupervised
- \_\_\_\_\_ School Nurse or designee may administer insulin
- \_\_\_\_\_ Student may carry insulin with them

**Snacks:** \_\_\_\_\_ Please allow a \_\_\_\_\_ gram snack at \_\_\_\_\_ am  
 \_\_\_\_\_ Please allow a \_\_\_\_\_ gram snack at \_\_\_\_\_ pm  
 \_\_\_\_\_ Please allow a 15 gram snack prior to gym if needed

**Please contact parent if dose confirmation is needed or if blood sugar is less than 70 or over 400**

**Health Care Provider Signature** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

School Personnel trained to monitor blood glucose

\_\_\_\_\_  
School Personnel trained to monitor insulin injection

\_\_\_\_\_  
School Nurse Signature

\_\_\_\_\_  
Principal Signature

Name _____	DOB _____	School _____	Grade _____
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To be completed by parents/guardian and the health care team. This document should be reviewed with necessary school staff and kept with the child's school records.

**Phone numbers for parents(s)/guardian(s):**

Parent/Guardian #1: \_\_\_\_\_  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_

Other Emergency contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_

Doctor/Health care provider: \_\_\_\_\_  
Phone: \_\_\_\_\_

***Equipment and Supplies – Provided by Parent***

**Snacks** (for AM/PM snack times) **Extra Snacks** (for before, after and/or during exercise) Specify:

\_\_\_\_\_

**Blood Glucose Meter Kit**

(Includes meter, testing strips, lancing device with lancer, cotton balls, spot bandages)

Brand/Model: \_\_\_\_\_

**Low Blood Glucose Supplies** (5 day supply preferable)

- Fast Acting Carbohydrate Drinks:  
(Apple juice and/or orange juice, sugared soda pop-NOT diet), at least 6 containers
- Glucose tablets, 1 package or more
- Glucose gel products (Insta-Glucose, Monogel or Glucose/25-31 gms.) 2 or more
- Prepackaged Snacks  
(Crackers with cheese or peanut butter, etc.), 5 – 6 servings or more

**Insulin Supplies**

- Insulin pen
- Pre-filled syringes (labeled per dose)
- Insulin and syringes
- Extra pump supplies such as:  
Vial of insulin, syringes  
Pump syringe and tubing/needle  
Batteries and tape

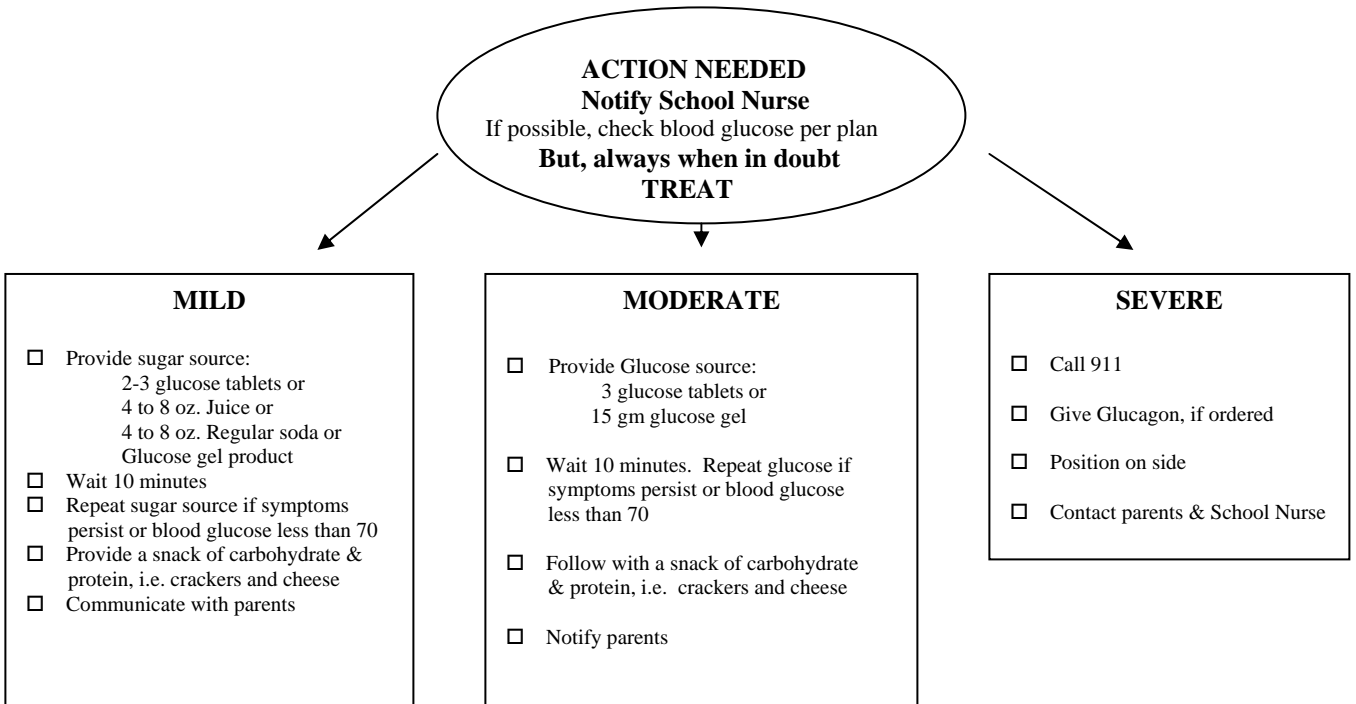
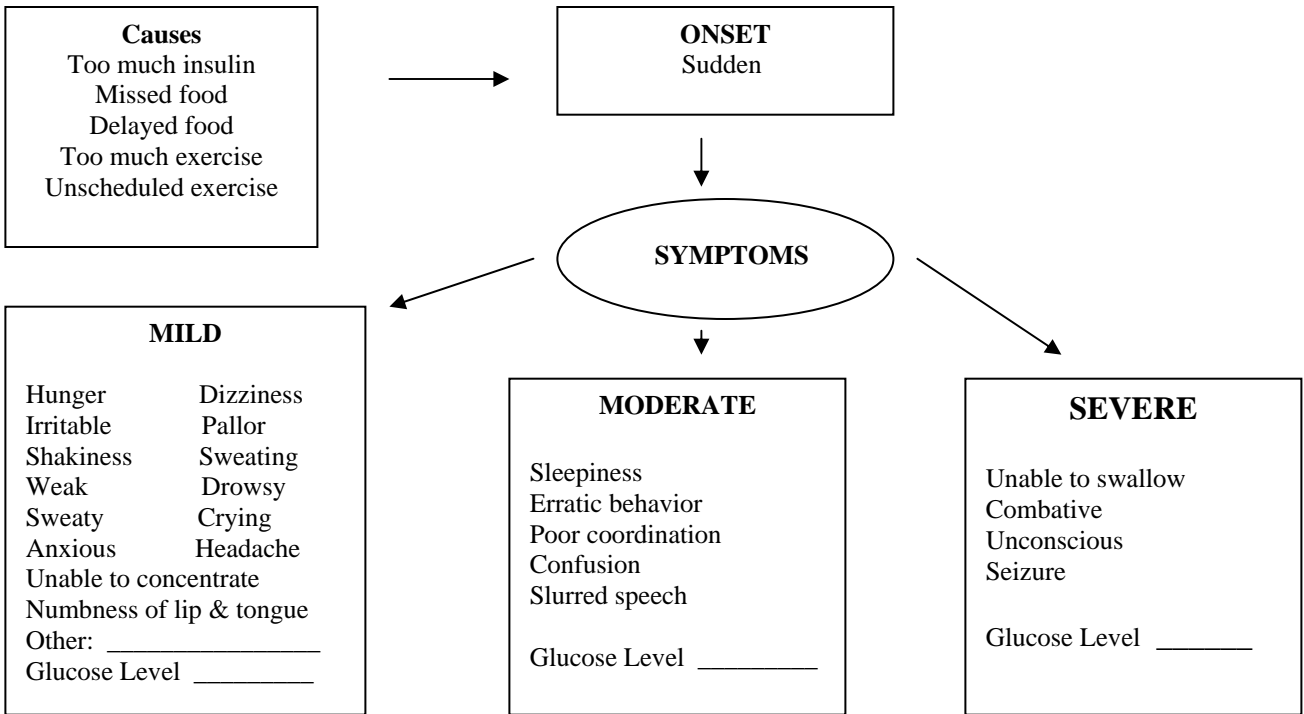
MU SSM 42A (pg 1 of 6)  
Rev. 4/5/04

**Insulin supplies storage location:** \_\_\_\_\_

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## LOW BLOOD GLUCOSE TREATMENT FOR SCHOOL

Name _____	Grade/Teacher _____
Date _____	Normal Host Glucose Range _____

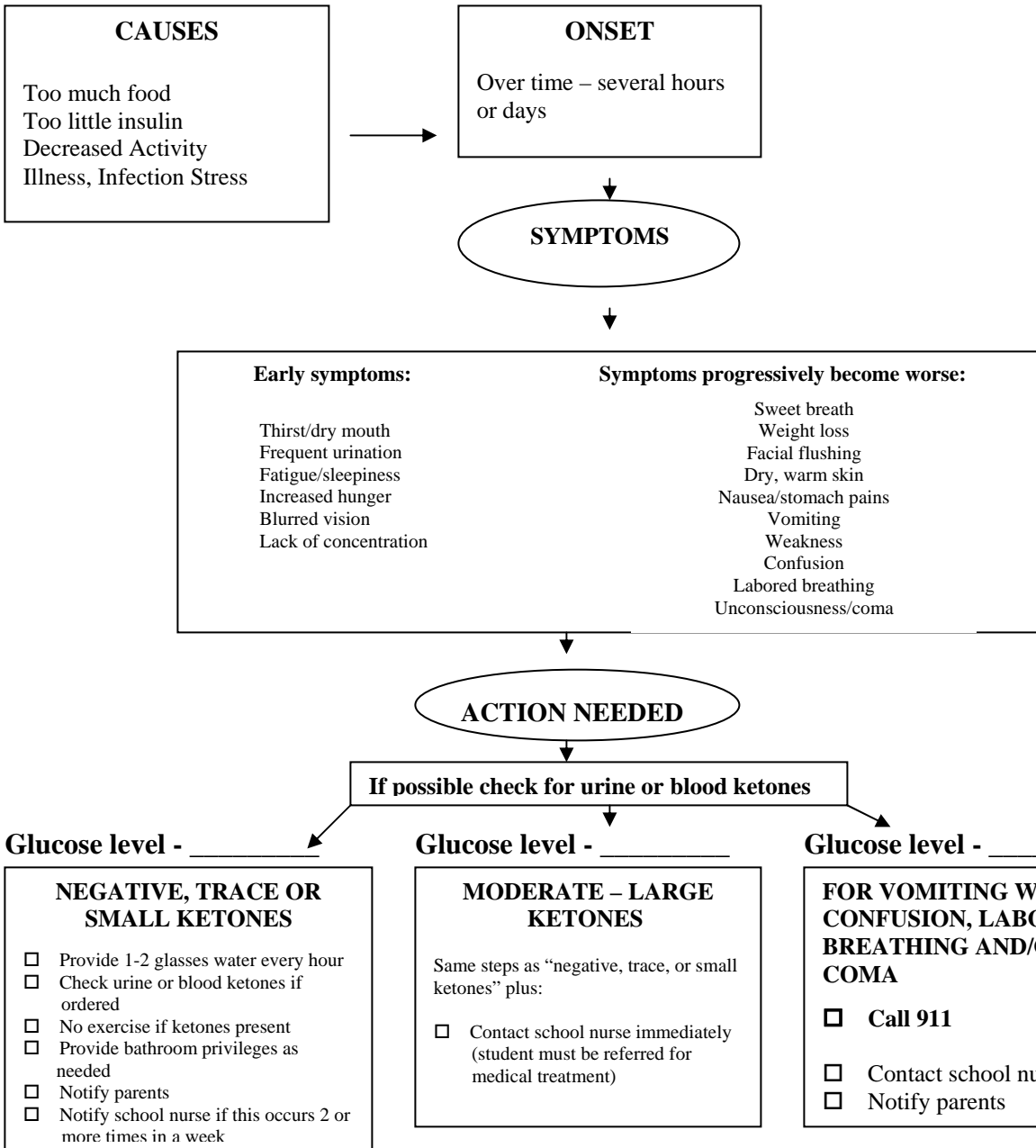


**\* Never send a child with suspected low blood sugar anywhere alone**

Parent Signature \_\_\_\_\_  
 Principal Signature \_\_\_\_\_  
 School Nurse Signature \_\_\_\_\_

## HIGH BLOOD GLUCOSE TREATMENT FOR SCHOOL

Name _____	Grade/Teacher _____
Date _____ Normal Host Glucose Range _____	



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

School Nurse \_\_\_\_\_

Principals Signature \_\_\_\_\_

## Blood Glucose Testing

### General Information:

1. Blood Glucose Testing is performed at designated testing times or when symptoms of hypo/hyperglycemia occur (refer to specific procedure).
2. Regular monitoring of blood glucose levels contribute towards proper management of diabetes. This should be available to student in school whenever and wherever necessary.
3. Follow specific manufacturer's instructions from operating meter.
4. Non-diabetic blood glucose levels range between 70-110 before a meal. Appropriate ranges for a diabetic vary depending on age and the ability to balance insulin, diet, and exercise.
  - For students under 5 or 6 of age most blood glucose levels should be between 100 and 200. Expect some readings below 100 and some above 200. If more than about 25% of the readings are above 200 or below 100, the management plan may need to be adjusted.
  - For older and teen students most blood glucose readings should be between 80 and 150. Expect some readings below 80 and some above 150. If more than about 25% of the readings are above 150 or below 80, then the management plan may need to be adjusted.
5. Parent/Care provider to supply necessary equipment for performing procedures at school.

**When giving sugar, the following are roughly equivalent:**

- Four ounces of fruit juice
- ½ to 1 cup of milk
- Two glucose tablets (some are different; 10-15 grams of sugar are recommended)
- One-half tube of Cake Mate (should be placed between the cheek and the gums if unable to swallow)
- One-half of a can of soda (regular, **NOT** diet!)

*Chocolate candy is not to be used unless there is no other source of sugar available. It is often not absorbed quickly enough, due to fats in the candy.*

If the blood sugar remains low despite treatment and the student is not thinking clearly, the parents or the diabetes team should be called for advice.

Following an episode of low sugar, it can take several hours to fully recover. Hence, the student should not be expected to perform at optimal levels. However, diabetes should never be allowed to become an excuse for school performance.