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.*

Name of Student:			**Date of Birth;**	
School: **Grade:**			**Teacher/Div:**	
Care Card Number:			**Date of Plan:**	
CONTACT INFORMATION				
Parent/Guardian 1:	Name:			☐ **Call First**
Phone Numbers:	Cell	Work	Home	Other
Parent/Guardian 2:	Name:			☐ **Call First**
Phone Numbers:	Cell:	Work:	Home:	Other:
Other/Emergency:	Name: Able to advise on diabetes care: ☐ Yes ☐ No		Relationship:	
Phone Numbers:	Cell:	Work:	Home:	Other:

Have emergency supplies been provided in the event of a natural disaster? ☐ Yes ☐ No

If yes, location of emergency supply of insulin: _____

STUDENTS RECEIVING NSS DELEGATED CARE

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):
☐ Shaky, sweaty ☐ Hungry ☐ Pale ☐ Dizzy ☐ Irritable ☐ Tired/sleepy ☐ Blurry vision ☐ Confused ☐ Poor coordination ☐ Difficulty speaking ☐ Headache ☐ Difficulty concentrating Other:	**Location of fast acting sugar:** _____ 1. If student able to swallow, give one of the following fast acting sugars: **10 grams** ☐ ____ glucose tablets ☐ 1/2 cup of juice or regular soft drink ☐ 2 teaspoons of honey ☐ 10 skittles ☐ 10 mL (2 teaspoons) or 2 packets of table sugar dissolved in water ☐ Other (ONLY if 10 grams are labelled on package): **OR 15 grams** ☐ ____ glucose tablets ☐ 3/4 cup of juice or regular soft drink ☐ 1 tablespoon of honey ☐ 15 skittles ☐ 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water ☐ Other (ONLY if 15 grams are labelled on package): 2. Contact designated emergency school staff person 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 4. Do not leave student unattended until blood glucose 4 mmol/L or above 5. Give an extra snack such as cheese and crackers if next planned meal/snack is not for 45 minutes.

MEDICAL ALERT – GIVING GLUCAGON FOR SEVERE LOW BLOOD GLUCOSE

SYMPTOMS	PLAN OF ACTION
• Unconsciousness • Having a seizure (or jerky movements) • So uncooperative that you cannot give juice or sugar by mouth	• 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	• 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

LEVEL OF SUPPORT REQUIRED FOR STUDENTS NOT RECEIVING NSS DELEGATED CARE

Requires checking that task is done (child is proficient in task):	Requires reminding to complete:	☐ Student is completely independent
☐ Blood glucose testing ☐ Carb counting/adding ☐ Administers insulin ☐ Eating on time if on NPH insulin ☐ Act based on BG result	☐ Blood glucose testing ☐ Carb counting/adding ☐ Insulin administration ☐ Eating on time if on NPH insulin ☐ Act based on BG result	

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:

☐ 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: ☐ midmorning ☐ 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.