Diabetes Care @ School

Indian Society for Pediatric and Adolescent Endocrinology

Diabetes Management Plan

(To be completed by Parents and Diabetes Care Team/ Doctor)

STUDENT'S FIRST NAME: _____ **LAST NAME:** _____

DOB: _____ **AGE:** _____ **School Grade/ Class:** _____

Date of Diagnosis: _____ **Type of Diabetes:** **TYPE 1** ☐ **TYPE 2** ☐

Name of the School: _____

School Point of Contact: _____ **Contact Number:** _____

Treating Doctor/Team: _____ **Contact Number(s):** _____

_____ **Email:** _____

Parent/ Guardian #1: _____

Relationship: _____

Mobile No(s): _____

Email: _____

Parent/ Guardian #2: _____

Relationship: _____

Mobile No(s): _____

Email: _____

INSULIN SUPPLIES FOR SCHOOL Please allow these at school (Keep 2 sets of supplies if going on trip)

Insulin, Syringes/ Pen Needles (Pump Supplies, if applicable) Insulin dosage prescription Cool pouch/ flask with pouch/ ice	Glucometer, strips, Lancets (even if on CGM) CGMS, reader, extra batteries Smartphone (BG log, bolus calculation) Ketostrips/ Ketodiastix	**HYPO kit:** • Sugar/ Glucose tablets / Glucose powder/ Jelly/ juice carton • Ready to eat Snack: e.g., Peanuts/ Banana/ milk carton / sandwich • Inj. Glucagon

DIABETES CARE AT SCHOOL

Who will check blood glucose (BG)?	Child ☐ Parent ☐ School nurse ☐ Teacher ☐ Older sibling ☐
Where is the glucometer kept?	With class teacher ☐ Child's backpack ☐ With school nurse ☐
When to check Blood glucose?	Symptoms of low BG ☐ Before meals ☐ Before activity/sports ☐ After activity/sports ☐ Low glucose reading in CGM ☐
Is insulin required at school?	YES ☐ NO ☐
Who will administer insulin at school?	Child ☐ Parent ☐ School nurse ☐ Teacher ☐ Older sibling ☐
Where is Insulin kept?	Staff room fridge ☐ Child's backpack ☐
When to give insulin?	Before breakfast ☐ Before lunch ☐ Before snack ☐
How much insulin to give?	Consult the dosing advice from the parent/ DCT/ doctor
Level of support needed for diabetes care	Full support ☐ Supervision ☐ Self-Care ☐

LOW AND HIGH BLOOD GLUCOSE SYMPTOMS (CHECK ALL THAT APPLY)

LOW BG (Hypoglycemia) symptoms	Hungry ☐ Sweaty ☐ Shaky ☐ Dizzy ☐ Tearful/Crying ☐ Tired/ sleepy ☐ Irritable/ personality changes ☐ Unable to Concentrate ☐ Others ☐ _____ NONE ☐
HIGH BG (Hyperglycemia) symptoms	Thirsty ☐ Frequent urination ☐ Tired/drowsy ☐ Blurred vision ☐ Stomach pain ☐ Nausea/ Vomiting ☐ Others ☐ _____ NONE ☐

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MANAGEMENT OF LOW BLOOD GLUCOSE (HYPOGLYCEMIA) (CONSULT HYPOGLYCEMIA TREATMENT CARD)	
LOW BG: Below 70 mg/dl ➢ **TREAT IN PLACE** ➢ **NEVER LEAVE THE STUDENT ALONE** ➢ **NEVER SEND STUDENT ALONE TO SICKROOM**	If student is awake and able to swallow, give _____ gm of fast-acting sugar. e.g., any **ONE** of the following: _____sugar/ glucose powder, OR _____no. glucose tablets, OR_____ ml juice **CHECK BG every 15 minutes, re-treat until BG >80 mg/dl**
SEVERE HYPOGLYCEMIA: **Unconscious, seizures, unable to swallow** Confirm LOW BG (< 70mg/dl) if glucometer is handy. DO NOT delay treatment if glucometer not available	➢ RECOVERY position ➢ **DO NOT give anything by mouth** ➢ Administer GLUCAGON if available ➢ Call ambulance, take to hospital, inform parents.

MANAGEMENT OF HIGH BLOOD GLUCOSE (HYPERGLYCEMIA)	
HIGH BG: Above 300 mg/dl ➢ **If nausea/ vomiting/ abdominal pain, call parents immediately** ➢ **If sleepy/ drowsy, take to hospital and call parents immediately**	• Encourage intake of water and sugar-free fluids (e.g., very thin buttermilk/ clear soup if available) • Allow frequent bathroom visits • Check Ketones if strips available • Need a correction dose of Insulin. Consult the insulin dosing advice in the DMP/ by the treating doctor. • Recheck BG level in 30 minutes. NO physical activity until BG comes down to below 250-300 mg/dl

BLOOD GLUCOSE (BG) GUIDE FOR ACTIVITIES

BG < 55: NO activity. Give .....teaspoons glucose/ sugar, wait for 15 min, repeat …… tsp glucose/ sugar if still low BG, wait for 15 min, when BG normal, give a snack.

BG 55-80: NO activity, give .....teaspoons glucose/ sugar, wait for 15 min, when BG normal, give a snack and then proceed with activity. Check BG after 1 hour. Might need to eat another snack if BG below 80-90.

BG > 250-300: Discourage activity, allow drinking plenty of water, inform parents, as ketones may need to be checked.

SIGNATURES

This Diabetes Management Plan has been approved by:

Diabetes Care Team member's/ Doctor's signature: _____Date: _____

I, (parent/ guardian) _____ give consent to the release of the information contained in this Diabetes Management Plan to all school staff members and other adults who have responsibility for my child and who may need this information to maintain my child's health and safety. I also give permission to the school nurse or another qualified professional at school _____, _____, to carry out the diabetes care activities as outlined in the Diabetes Management Plan, and collaborate with my child's Diabetes Care Team as necessary.

Acknowledged and signed by:

Student's Parent/ Guardian:	Teacher:	School nurse/ designee:
_____ Date:	_____Date:	_____ Date:

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