School Year July 1, 20____ - June 30, 20____

iLearn Health Office

Part A - Diabetes Management Plan/Individual Health Plan/Individual Emergency Health Plan

Physicians Orders (**Fill in BOTH pages**)

Student Name (print) : _____ Grade: _____ School Year: _____ Date:_____

TASK:	ACTION(S) : Doctor to check or fill in where applicable
Blood Glucose Testing Target Range of blood glucose: _____mg/dl. **Please indicate:** □ Child can recognize and treat Hypoglycemia and Hyperglycemia independently **Please indicate:** □ Child can carry supplies, perform tests and dispose of medical waste independently □ Nurse supervision needed □ Done by nurse	❖ Blood Glucose Testing: ➢ □Before lunch _____ AM / PM ➢ □Before snack at _____ AM / PM ➢ □Dismissal at _____ AM / PM ❖ Child specific signs/symptoms of low blood glucose(Hypoglycemia):_____ ❖ Child specific signs/symptoms of high blood glucose (Hyperglycemia):_____ ❖ Notify parents immediately for blood glucose < _____ mg/dl. and / or > _____ mg/dl. ❖ □ **Yes** □ **No** - Continuous Glucose Monitor (CGM) ➢ Brand/Model_____ □ Alarm set for low □ Alarm for high ❖ Infusion site/pump failure: ➢ □ Insert new infusion set □Suspend or remove pump and give insulin by syringe or pen ❖ □ **Yes** □ **No** - Confirm CGM results with blood glucose meter check before taking action on sensor blood glucose level. ❖ □ **Yes** □ **No** - Parent/guardian is authorized to increase or decrease correction dose scale within the following range: +/- _____ units of insulin. ❖ If student has symptoms or signs of hypoglycemia/hyperglycemia, check fingertip blood glucose level regardless of CGM.
Activity	❖ □ Full participation in exercise (gym and recess) and sports. ❖ □ **Yes** □ **No** - Test before gym ❖ □ Contraindications/Accommodations in exercise (gym and recess) and sports. _____ ❖ If blood glucose is < _____ mg/dl. Give a _____gram snack (PRN) before gym. ❖ Avoid physical activity when blood glucose is > _____ mg/dL or if urine/blood moderate / large ketones. ❖ Medical ID should be worn at all times including during gym / sports / etc.
Insulin **Insulin delivery device:** □ Insulin pump □ Syringe □ Insulin pen **Please indicate:** □ Child can carry and administer insulin and diabetes supplies, as well as dispose of medical waste independently □ Nurse needed □ Done by nurse	❖ Administer 1 unit of Humalog / Novolog / Apidra for each _____ gm/dl over target blood glucose of _____ mg/dl ❖ Above dose may be repeated every _____ hours ❖ Administer 1 unit of Humalog / Novolog / Apidra for each _____ gms of carbohydrates ❖ Other insulin therapy_____ ❖ □ Students with insulin infusion pumps shall be permitted to wear and attend to the pump. This may include: ➢ □Giving bolus doses ➢ □Checking alarms ➢ □Changing tubes ➢ □Other: (specify) _____ ❖ Student's self care insulin administration skills:

Yes	No	Independently calculates and gives own injections
Yes	No	May calculate/give own injections with supervision
Yes	No	Requires school nurse or trained diabetes personnel to calculate/give injections

Hypoglycemia Treatment /Emergency Glucagon Administration in School NEVER SEND A CHILD WITH SUSPECTED LOW BLOOD SUGAR ANYWHERE ALONE	❖ Treat all blood glucose < _____ mg/dl or if symptomatic with 15 grams of rapid-acting carbohydrate i.e.: *4 ounces of juice. If more than 30 minutes until meal time, give snack.* ❖ For severe hypoglycemia (or suspected severe hypoglycemia) when the student is unconscious or unable to swallow, give _____ mg Glucagon I.M. ❖ AND □ Contact parents AND/OR □ Contact paramedics immediately. ❖ Other: (specify) _____ ❖ Recheck blood glucose in 10-15 minutes and repeat treatment if blood glucose level is less than _____ mg/dl ❖ 911 to be called if symptoms present on bus (unless otherwise noted in IHP).
Hyperglycemia Treatment / Urine Ketone Testing in School NEVER SEND A CHILD WITH SUSPECTED HIGH BLOOD SUGAR ANYWHERE ALONE	❖ Check Ketones ➢ For blood glucose > ____ mg/dl. ➢ For acute illness, i.e.; vomiting, fever, etc. ❖ If Ketones are present, student should have unlimited access to restroom and drinking fountain/water bottle. ❖ Notify parents immediately for moderate / large ketones ➢ If parents cannot be reached and the student has moderate / large ketones and is vomiting, contact paramedics for transport to ER. ➢ If parents cannot be reached and the student has moderate / large ketones and is not vomiting, contact contact physician. ❖ If positive ketones: ➢ □Restrict gym/recess ➢ □Restrict sports ➢ □Restrict other: (specify)_____ ❖ 911 to be called if symptoms present on bus (unless otherwise noted in IHP).
To Be Completed by School IHCP Team	❖ □ Accommodations for: ➢ □School trips:_____ ➢ □Before/After school-sponsored activities:_____ ➢ □Class Parties:_____ ➢ □Classrooms:_____ ➢ □Bus: _____ ➢ □Other: (Specify):_____ ❖ □ Education was provided to school personnel who may come in contact with the student about diabetes, how to recognize and recognize and treat hypoglycemia, how to recognize hyperglycemia and when to call assistance. ❖ □ Medical and treatment issues that may affect the educational process of the student._____ ❖ □ Parent/doctor requests and authorizes the pupil to possess the supplies or equipment necessary to monitor and care for the pupil's diabetes.

_____ Parent signature

_____ Date

Physician's Stamp:

_____ Physician's Signature

_____ School Nurse signature

_____ Date

_____ Date