

DIABETES CARE PLAN PUMP FOR SCHOOL

School: _____ **FAX #:** _____ **Date:** _____

PUMP (Type: Medtronic Animas)

Diabetes Care Plan for School for _____ **Effective Dates:** _____

Teacher _____ **Room/Grade:** _____

CONTACT INFORMATION

Parent/Guardian #1: _____ Phone Number Home _____ Work _____ Cell _____
Parent/Guardian #2: _____ Phone Number Home _____ Work _____ Cell _____
Other/Relationship: _____ Phone Number Home _____ Work _____ Cell _____

Health Care Provider and Telephone Number: _____

EMERGENCY NOTIFICATION

Notify parents in the following situations: loss of consciousness or seizure; abdominal pain, nausea/vomiting, fever, diarrhea, altered breathing, altered level of consciousness, and/or blood sugars greater than 400 mg/dl or _____.

BLOOD GLUCOSE MONITORING AT SCHOOL

Symptoms of low blood sugar Before lunch Other _____

Before exercise/PE After exercise/PE

Child can perform blood sugar monitoring: independently with supervision cannot do

Place to be performed: classroom nurses office other

The student should never be left alone or sent anywhere alone when experiencing symptoms of low blood sugar.

INTERVENTIONS FOR HYPOGLYCEMIA (Low Blood Sugar)

Mild reaction signs a student might exhibit are:

◆ Shakiness ◆ Pale skin ◆ Hunger ◆ Sweating ◆ _____

Treat mild blood sugar if below 70 mg/dl with 15 grams of fast acting carbohydrate such as:

◆ 3 – 4 glucose tablets ◆ ½ cup juice ◆ 1 cup of skim milk

◆ ½ cup regular soda (not sugar free) ◆ 6 – 7 small sugar candies ◆ _____

Recheck in 15 minutes, if still below 70 mg/dl repeat 15 grams of carbohydrate.

Follow with meal, if it is time, or a snack that contain carbohydrate & protein if the meal is more than 1 hour.

Moderate reaction signs a student might exhibit are:

◆ Confusion ◆ Slurred speech ◆ Disorientation ◆ Change in personality

Treat moderate blood sugars with 15 grams of fast acting carbohydrate. Child may need assistance.

◆ Tube of glucose gel ◆ Tube cake decorating gel ◆ ½ cup juice

Recheck in 15 minutes, if still below 70 mg/dl repeat 15 grams of carbohydrate.

Follow with meal, if it is time, or a snack that contain carbohydrate & protein if the meal is more than 1 hour.

Severe reaction signs a student might exhibit are:

◆ Unconscious ◆ Seizure ◆ Unwilling or unable to take gel or juice

Treat severe hypoglycemia with glucagon.

1. Inject entire contents of pre-filled diluent (water) syringe into the vial of glucagon powder.

2. After mixing, draw up dose into a syringe (can use an insulin syringe):

3. **Dosage: .5 mg or 50 units or .5 cc**

4. Inject the glucagon into the thigh or arm. Can be given either IM or SC.

5. Call 911 and parents

6. Wait 15 minutes, if no response repeat dose.

7. Offer juice. Wait 15 minutes and encourage a snack containing carbohydrate & protein.

DIABETES CARE PLAN PUMP FOR SCHOOL

Student Name _____

INSULIN AT SCHOOL-PUMP

Carbohydrate Bolus	Correction Bolus for Hyperglycemia
Give _____ unit(s) of Humalog/NovoLog for _____ grams of carbohydrate at <input type="checkbox"/> lunch <input type="checkbox"/> snacks <input type="checkbox"/> parties.	Give _____ unit of insulin for each _____ mg/dl with a target of _____. <i>Do not give correction dose of insulin more than every 3 hours.</i>

INTERVENTIONS FOR HYPERGLYCEMIA (High Blood Sugar)

Signs a person may exhibit

- ◆ thirst ◆ frequent urination ◆ fatigue ◆ nausea ◆ headache

Treatment of hyperglycemia (high blood sugar)

1. Treat with correction bolus via pump. Do not give correction bolus unless it has been 3 hours since last bolus
2. Re-check in three hours.
3. If still above 250 mg/dl and blood sugar cannot be explained, check for urine or blood ketones if available.
4. Give insulin correction dose **VIA SYRINGE** & if moderate ketones add _____ extra unit(s) to sliding scales & if large ketones add _____ extra units of Humalog/NovoLog to sliding scale.
5. Need to do an infusion set change or continue to give Humalog/NovoLog every 3 hours via syringe.
6. Free and unrestricted access to sugar free liquids and the restroom.
7. If child does not have moderate to large ketones, encourage play and/or exercise.

**** If the child is nauseated and blood sugar is above 250. Give insulin via syringe per above protocol.***

If infusion set comes out or needs to be changed: set is changed at school insulin via syringe every 3 hours

Child can give own injection: independently with supervision cannot do

Child can change infusion set: independently with supervision cannot do

MEALS/SNACKS

Midmorning snack at _____

Lunch _____

Child uses insulin carbohydrate ratio. See above.

Child counts carbohydrates independently with supervision cannot do

Food preferred for school/class parties: unsweetened beverages and _____

EXERCISE, SPORTS, AND FIELD TRIPS

◆ Blood glucose monitoring and snacks as described previously.

◆ Quick access to sugar free liquids, fast-acting carbohydrates, snacks and monitoring equipment.

◆ A fast acting carbohydrate such as glucose tablets or juice should be available at the site.

◆ Student should not exercise if blood glucose level is below 70 mg/dl OR above 400 with moderate to large urine ketones.

During gym or recess pump is to remain on: Yes No

Temporary Basal Decrease: Yes No (____% or _____units for _____ minutes or duration of exercise)

SUPPLIES

The diabetes supplies are kept _____

The supplies of snack foods are kept _____

Parent/Guardian is to supply the following: blood glucose meter, strips, lancets, lancing device, fast acting carbohydrate, carbohydrate containing snacks, carbohydrate free beverage, insulin vials/syringes, insulin pens/needles, and glucagon emergency kit. As well as pump supplies.

Medtronic MiniMed 24-Hour Pump Help Line: 800-826-2099, **Animas** 24-Hour Pump Help Line: (877) 767-7373

Reviewed and approved by health care provider & date: _____

Acknowledged and received by parent/guardian & date: _____

Acknowledged and received by school nurse & date: _____