**Lincoln Park Performing Arts Charter School**

**Health Services**

**DIABETES ACTION PLAN**

**THE SCHOOL WILL USE THIS INFORMATION AS A DIABETES ACTION PLAN TO PROVIDE THIS STUDENT’S CARE AND TREATMENT AT SCHOOL**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_ GR\_\_\_\_\_\_\_\_\_\_ School Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Diabetes Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student has Type 1 Diabetes Type 2 Diabetes

Notify parents/guardian in the following situation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Glucose Monitoring/Insulin Administration at School**

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| **Glucose Montitoring**  Finger stick Before meals  High/Low Symptoms Before Exams Before Activity Before Leaving School  Continuous Glucose Monitoring (CGM) Brand&Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specify Viewing Equipment: Device Reader Smart Phone Insulin Pump Tablet Smart Watch  \*Permit student access to viewing devices at all times  **Insulin**  Insulin Administered Via: Syringe Insulin Pen Insulin Pump Brand&Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**LOW BLOOD GLUCOSE** or hypoglycemia can be dangerous. If the student thinks their blood glucose is low, please allow him/her to check in the classroom or in the health office. If the student goes to the health office, **someone must accompany him/her.** My typical symptoms of low blood glucose include: None Hungry Shaky Pale Sweaty Tired/Sleepy Dizzy Irritable Unable to Concentrate Confusion Personality Changes Other\_\_\_\_\_\_\_\_\_\_\_\_

**If my blood glucose is less than:** 70mg/dl **or** \_\_\_\_ mg/dl **I NEED TO EAT FAST-ACTING GLUCOSE QUICKLY**

1. Give \_\_\_grams of fast acting carbohydrate of one of the following (check):

\_\_\_# of crackers \_\_\_oz juice \_\_\_gm of glucose gel \_\_\_glucose tablets other\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If symptoms continue, restest in 15 minutes
2. If blood glucose remains less than \_\_\_mg/dl, retreat with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Repeat above steps as needed
4. Troubleshoot the cause(s) of the low blood sugar if possible

**If my blood glucose drops too low, I may be confused/unable to follow commands, unable to swallow, unconscious, or have a seizure. Glucagon is not life threatening even if it is given when not needed.**

1. **Do not** give me anything by mouth.
2. **Give me Glucagon IM GVOKE SC Auto-Injection, GVOKE HYPOPEN Dose: 0.5mg or 1.0mg**

**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Position me on my side, as there is risk of vomiting. Stay with me; do not leave me alone.
2. If wearing an insulin pump, place pump in suspend/stop mode or disconnect tubing from infusion site.
3. Contact school nurse, parent/guardian and 911 if necessary.
4. Check blood glucose and no physical activity for ½ hr after use

**HIGH BLOOD GLUCOSE** is hyperglycemia. Symptoms include frequent urination and increased thirst. Severe cases of hyperglycemia can lead to ketoacidosis if left untreated. Ketoacidosis is life threatening and needs immediate treatment. Symptoms include shortness of breath, breath that smells fruity, nausea/vomiting and very dry mouth. My typical symptoms of high blood sugar include: None Frequent Urination Fatigued/Tired/Drowsy Headache Blurred Vision Abdominal Discomfort Nausea/Vomiting Fruity Breath Unaware Other\_\_\_\_\_\_\_

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| If my blood glucose is greater than 300mg/dl or \_\_\_mg/dl I NEED TO TEST FOR KETONES IN THE HEALTH OFFICE   1. Provide and encourage consumption of water or sugar-free fluids (4-8oz every 30min). Allow to use bathroom 2. Administer inulin as ordered 3. Recheck blood sugar in 2 hours |

The student must have a **parent/guardian permission** to both **self-carry AND to self-administer** the medication **on field trips**. The student must demonstrate to the school nurse that the student is responsible to safely self-carry and/or safely self-administer the medication.

**STUDENT IS PERMITTED TO DO THE FOLLOWING ON SCHOOL FIELD TRIPS:**

**SELF-CARRY INSULIN/GLUCAGON SELF-ADMINISTER INSULIN/GLUCAGON**

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**PHYSICIAN IS IN AGREEMENT WITH SELF-MANAGEMENT ON FIELD TRIPS**

**I GIVE PERMISSION TO THE SCHOOL NURSE OR ANOTHER QUALIFIED HEALTH CARE PROFESSIONAL TO COLLABORATE WITH MY CHILD’S PHYSICIAN/HEALTH CARE PROVIDER YES NO**

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**I CONSENT TO THE RELEASE OF THE INFORMATION CONTAINED IN THE DIABETIC ACTION PLAN TO ALL SCHOOL STAFF MEMBERS WHO HAVE RESPONSIBILITY FOR MY CHILD AND WHO MAY NEED TO KNOW THIS INFORMATION TO MAINTAIN MY CHILD’S HEALTH AND SAFETY YES NO**

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Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_