



Pediatric Endocrinology
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Plan of Care
DIABETES, INDIVIDUALIZED CARE
FOR SCHOOL

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- Maala Daniel, MD
- Donna Eng, MD
- Michael Racine, MD
- Karen Meyer Howe, NP
- Miranda Reddy, NP

Date _____

Student name _____ Date of birth _____

School _____ Grade _____

Teacher(s) _____

Parent(s)/Guardian(s) _____

Phone: Home _____ Work _____ Other _____

Additional emergency contact information _____

ROUTINE MANAGEMENT

- TARGET BLOOD SUGAR RANGE: _____ to _____ before meals.
- SUPPLIES: Parent(s)/Guardian(s) and student are responsible for maintaining needed supplies, snacks, testing kit, medicines and equipment.

REQUIRED BLOOD SUGAR/KETONE TESTING AT SCHOOL

- Trained personnel must perform blood sugar and ketone tests.
- Trained personnel must supervise blood sugar and ketone tests.
- Student can perform testing independently.
- Treat as told if blood sugars are:
 - Below 70
 - Below 80
 - Between 70-80 with symptoms
- Test: Ketones when blood sugar is over 240 mg/dL or not feeling well.
- Call parent/guardian if ketones present.

TIMES TO DO BLOOD SUGAR

- Before lunch
- Before Physical Education
- After Physical Education
- As needed for signs/symptoms of low or high blood sugar.
- Other times, as told by parent/guardian.

DIET

TYPE:

- Carbohydrate counting
- Gluten free
- Set carbohydrate amount
- Other _____
- Child needs assistance with prescribed meal plan.
- Do not give insulin for carbohydrates that are taken to treat a low blood sugar or for an exercise snack.
- Give exercise snack before Physical Education as told by parent/guardian.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

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MEDICINES TO BE GIVEN DURING SCHOOL HOURS

ADJUSTMENTS: Parents may make insulin dose adjustments and inform school in writing of dose adjustments.

INSULIN

To be given immediately: Before breakfast Before lunch Other _____

Insulin using (check type): Humalog NovoLog Apidra Other _____

Insulin ratios: _____ unit for every _____ grams of carbohydrate eaten,
plus _____ unit(s) for every _____ mg/dL points above _____ mg/dL

Sliding scale:

_____ unit(s), if lunch blood sugar is between _____ and _____

_____ unit(s), if lunch blood sugar is between _____ and _____

_____ unit(s), if lunch blood sugar is between _____ and _____

_____ unit(s), if lunch blood sugar is between _____ and _____

_____ unit(s), if lunch blood sugar is between _____ and _____

_____ unit(s), if lunch blood sugar is between _____ and _____

_____ unit(s), if lunch blood sugar is between _____ and _____

_____ unit(s), if lunch blood sugar is between _____ and _____

Level of supervision required:

Injection (with syringe or insulin pen): Trained adult Assist/Supervise Independent

Insulin pump: Trained adult Assist/Supervise Independent

ORAL DIABETES MEDICATION(S):

Type/dose _____ Time to be given _____

GLUCAGON (SUBCUTANEOUS INJECTION) DOSAGE: _____ mg

Refer to "How To Use Glucagon For A Child With Severely Low Blood Sugar".

FIELD TRIP INFORMATION

- Notify parent/guardian and school nurse in advance so proper training can be accomplished.
- Adult staff must be trained and responsible for student's needs on field trip.
- Extra snacks, glucose monitoring kit, copy of health plan, glucose gel or other emergency supplies must be with the student on field trip.

DISASTER PLAN

To prepare for an unplanned disaster or emergency, obtain an emergency supply kit from parent/guardian. Continue to follow this Plan of Care.

PERMISSION SIGNATURES

I give permission for Helen DeVos Children's Hospital, Pediatric Endocrinology and the school/school nurse to communicate about diabetes care for the student named above.

Date _____ Parent/Guardian signature _____

TIME _____ DATE _____ School Nurse signature _____

TIME _____ DATE _____ Physician signature _____

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