

Individualized Healthcare Plan

School

2023-24

Student: Birthdate:
Parent/Guardian:
Emergency Contact Name and Phone Number:

Physician:
(Office Name)

Health Condition:

Diabetes: with CGM and Pump

MLA/ MBF: Endocrine

Nursing Diagnosis:

- Risk for unstable glucose level
- Risk for shock
- Ineffective self- care management

Outcome:

- Staff will report understanding of care plan.
- Care plan will be carried out as written.
- Appropriate treatment will be given for blood glucose (BG) outside target range
- Student will cooperate with health care plan during school day
- Student will have increased independence and responsibility for managing diabetes

Student Specific Goals:

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Evaluation of Goals at End of Year: Met or Unmet and explanation.

Assessment/Symptoms:
<ul style="list-style-type: none">• Common signs of low blood glucose: weakness, shakiness, hunger, headache, irritability, personality changes, sweating, faintness, weak, feeling “funny”• Common signs of high blood glucose: increased thirst and urination, drowsiness, weakness, abdominal pain, aches, loss of appetite, nausea and vomiting
Plan-Interventions/Accommodations:
<ul style="list-style-type: none">• Contact eCare nurse as needed.• Staff to observe for signs of low or high blood glucose.• Student will be sent to office with a responsible person if abnormal blood glucose is suspected• Student’s diabetic medical management plan will be followed as ordered by physician.• Monitoring supplies and medication will be sent on all field trips• Check blood glucose anytime student is not feeling well or acting unusual• Diabetic bag will be accessible at all times

Student Specific Orders/Management:

CGM brand: _____ Pump brand: _____
Maintenance: **BG** Target range: _____
Insulin corrections **PER CGM/PUMP**

Breakfast Carbohydrate (CHO) coverage plus BG correction.

Lunch CHO coverage plus BG correction.

Snack CHO coverage plus BG correction.

Physical Activity student can participate in physical activity when BG is above 80 and less than 300.

Schedule: Check BG per CGM at meal times, 2 hours after meals, before PE/recess, after PE/recess and at dismissal.

- Breakfast at:
- Lunch at:
- Snack at:
- PE time:
- Recess:

Student Specific symptoms of:

- Low BG
- High BG

In Case of:**Low Blood Glucose:**

1. If exhibiting symptoms of hypoglycemia or finger stick BG level is less than 80 give 15 gram CHO snack and recheck BS in 15 minutes. If BG still below 80 give another 15 gram CHO snack and recheck blood glucose with finger stick in 15 minutes.
2. Call eCare nurse if more than one snack is needed.
3. If student is unable to eat or drink, is unconscious or is having seizure activity call 911 and administer Glucagon 1 mg IM, turn student on his/her side, call 911. Notify eNurse and parents.

High Blood Glucose:

1. For BG greater than 300 notify eNurse for BG only correction dose.
2. Notify parents if hyperglycemia is not improved 2 hours after correction dose
3. Give extra water and/or non-sugar containing drinks (8 oz per hour)
4. If student has symptoms of hyperglycemia emergency, call 911, notify parents and student's health care provider.

Avel Contact number: 605-606-0550

Care Plan Created:

Updated:

Template Reviewed: 1/2024 AAllison, RNC