AUSTIN PUBLIC SCHOOLS INDIVIDUAL HEALTH CARE PLAN 2022-2023

Name:			DOI	B :			G	rade:			
DIAGNOSIS/CONDITION: DIABETES MELLITUS Age of onset:											
H	unger or "butterfly feelings"		Headache			Blurred	l vision		Dizzy		
St	omachache, nausea, or		Shaky/trembl	ing		Sweaty	or pale		Irritable		
Ra	apid heart rate		Unconsciousn	ness		Weak/d	lrowsy		Anxious		
D:	ry mouth- thirsty		Sleepy or fain	iting		Inappropriate Seizure					
·	Severity of symptoms can change quickly, and rapidly progress to a life-threatening situation! NEVER SEND STUDENT WITH ANY OF THE ABOVE SYMPTOMS ANYWHERE ALONE!										
T T											
Low E	Blood Sugar: less than					Low I	Blood Sugar:			sircle preferred	
 Give 15 grams of carbohydrates (1/2 cup juice, ½ can regular pop or 3-4 glucose tabs) Wait 10 minutes Recheck blood sugar If still less than give 15 more grams of carbs Wait 10 more minutes Recheck blood sugar Repeat until blood sugar is or more and student is alert, student may need a snack if their next meal is over an hour away. 						choice Glucose Gel or Glucagon (only LSN/RN/LPN may give glucagon and there must be a physician's order at school) Turn student on side Call 911 Call parent Stay with student Other:					
•	High Blood Sugar: more	tha	n:								
	Check ketones										
	Offer drinks that <u>do not</u> contain carbohydrates (water, sugar free soda, crystal light)										
	Call parent										
Other:											
	l										
Insuli	n Type:Do	se at	mealtime:			Date	e Issued:				
	ction Scale (Provide indications	for us	se)								
BS											
BS			=								
BS BS			=								
BS			=								
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BS Doily 6	school routines/Classroom in	form	=	mode	tiona	(4 - 1 £11 -	J 1 1 141 C	C 4 _	.co.		
Daily S	Lunch time:	1011	nation/Accom	illioua	HUIIS (to be fille	ed out by health on	iice sta	111) .		
	Recess times (Elementary only	١٠	AM	PN	Л						
	Physical Education Elementary		Time:			ays of th	e week·				
	Physical Education Secondary All year: 1st Semester: 2nd Semester: Time of day:										
	Unlimited access to drinking water (if a container is needed it will be provided by the parent)										
	<u> </u>										
	Bathroom privileges when medically necessary										
	Blood sugar testing as needed Set testing times:										
	Regularly scheduled snacks, if applicable: AM PM										
	Re-take tests as needed for blood sugar imbalances										
	Other:										

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Name: DOB: Grade:			l	
	Name:	DOB:	Grade:	

Equipment and supplies provided by parent:

- Blood sugar meter kit (includes all blood testing supplies for use at school)
- Insulin (in unopened original container)
- Ketosis
- Glucagon if ordered by physician and the parent makes it available
- Fast acting carbohydrate drink and Glucose tablets or glucose gel product
- 5-6 pre-packaged snacks (crackers and cheese or peanut butter, etc.)
- Signed and dated sliding scales/bolus correction
- Storage location (to be filled out by health office staff):

Extra s	snacks/ parties (check all that apply):
	Child will eat treat
	Teacher/staff will notify parent prior to activity
	Treat will be replaced with parent-supplied alternative
	Schedule extra insulin per pre-arranged plan (parent must provide in writing what plan will be with their signatures and the date the plan is for)
	Other

Students who ride the bus: If a low blood glucose episode occurs 30 minutes or less prior to departure, the designated staff or nurse (if in the building) will.
Call parent to inform of episode (regardless if blood glucose returns to normal or not)
Allow child to ride the bus home if blood glucose returns to normal
Call parent to pick up child (students will not be sent on the bus with a low blood glucose)
Other:
If student is totally independent in care it is the student's responsibility to alert staff of high or low blood glucose occurring 30
minutes or less before the end of the day.
Students who drive to school (high school only) (check all that apply)-If a low blood glucose episode occurs 30 minutes or less
prior to departure student will:
Treat mild hypoglycemia, wait 10 minutes and retest. If blood glucose returns to normal student will drive home.
Call parent to inform of episode
Call parent to pick up student if blood sugar does not return to normal. *Students with low blood glucose or high blood
glucose with a large amount of ketones will not be allowed to drive home.
Other:

If the student is totally independent in care it is the student's responsibility to alert staff of high or low blood sugar occurring 30 minutes or less before the end of the day.

Field Trips	
Totally Independent	
Parent accompanies child on field trip	
Other:	

Copy given to	Date

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Name:	DOB:			Grade:							
Please put an X in the box the marked as independent an RN or **In order for activity to be	LSN from the	Austin	Public School	ls wi	ll verify competenc	y with the	stude	nt.)			
Syringe/Pen					Does it independently	Does it v	vith	Health Staff needs to assist	Health staff performs		
Washes hands											
Puts strip in monitor											
Pricks finger: How often is lance	t changed										
Reads monitor											
Records results											
Able to calculate amount of insu	lin based on re	sults									
If student uses syringe , able to prepare syringe and draw up correct amount of insulin. If student uses pen , able to prime and dial correct amount of insulin. If using pen is student able to change the insulin cartridge? Yes or No											
Selects insulin injection site Does student clean site with alcohol? Yes or No											
Injects insulin	alconor. 1	<u> </u>	or No								
If needed measures for Ketones											
Health Care Provider: Clinic:					Phone:						
Hospital:				Phone:							
•											
Person to Contact Re			elationship	Home Phone			ne Work/Alt. Phone				
1.											
2. 3.											
3.											
Parent Signature:					Date:						
OFFICE USE ONLY											
Plan Initiated by:				Date:							
Plan Reviewed/Updated by:			Date:	:							
				Date:							

If 911 is needed – get a phone line, dial 9-911 (from a school phone) – Notify office when 911 is called.