AUSTIN PUBLIC SCHOOLS

INDIVIDUAL HEALTH CARE PLAN 2022-2023

Name:	

DOB:

Grade:

DLA	DIAGNOSIS/CONDITION: DIABETES MELLITUS Age of onset:							
	Hunger or "butterfly feelings"		Headache		Blurred vision		Dizzy	
	Stomach ache, nausea or		Shaky/trembling		Sweaty or pale		Irritable	
	Rapid heart rate		Unconsciousness		Weak/drowsy		Anxious	
	Dry mouth- thirsty		Sleepy or fainting		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!

Low Blood Sugar: less than, but conscious	Low Blood Sugar: unconscious					
 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. Return student to class 	 Give instant glucose – please circle preferred 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 than:						
Check ketones						
Offer drinks that <u>do not</u> contain carbohydrates (water, sugar free	Offer drinks that <u>do not</u> contain carbohydrates (water, sugar free soda, crystal light)					
Call parent	Call parent					
Other:						

Insulin Type:Dose	<mark>at mealtime</mark>	:: Date Issued:				
Correction Scale (Provide indications for	use)					
BS	=					
BS	=					
BS BS						
BS	=					
BS	=					
BS	=					
BS	=					
	Daily school routines/Classroom information/Accommodations (to be filled out by health office staff):					
	Lunch time:					
Recess times (Elementary only):	Recess times (Elementary only): AM PM Physical Education Elementary Time: Days of the week:					
Physical Education Elementary	Tin	ne: Days of the week:				
Physical Education Secondary	Physical Education Secondary All year:1 st Semester:2 nd Semester: Time of day:					
Unlimited access to drinking water	Unlimited access to drinking water (if a container is needed it will be provided by the parent)					
Bathroom privileges when medica	Bathroom privileges when medically necessary					
Blood sugar testing as needed	Blood sugar testing as needed Set testing times:					
Regularly scheduled snacks, if app	Regularly scheduled snacks, if applicable: AM PM					
Re-take tests as needed for blood s	sugar imbalance	es				
Other:	Other:					

AUSTIN PUBLIC SCHOOLS

INDIVIDUAL HEALTH CARE PLAN 2022-2023

Name:	DOB: Grade:
<mark>Equipme</mark>	ent and supplies provided by parent:
•	Blood sugar meter kit (includes all blood testing supplies for use at school)
•	Insulin (in unopened original container)
•	Ketostix
•	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):
<mark>Extra sn</mark> a	acks/ parties (check all that apply):
C	Child will eat treat
Т	Ceacher/staff will notify parent prior to activity
Т	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 he date the plan is for)

nurse (if in the building) will.

huise (if in the building) with
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:
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

 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

AUSTIN PUBLIC SCHOOLS INDIVIDUAL HEALTH CARE PLAN 2022-2023

Name:	DOB:		Gra	ide:		
Please put an X in the box that best describes your child's role in management of their diabetes (If an activity is marked as independent an RN or LSN from the Austin Public Schools will verify competency with the student.) **In order for activity to be marked as independent student must be able to perform task without reminders or assistance**						
For Students Wearing a Pump		Does it independently	Does it with supervision	Health Staff needs to assist	Health staff performs	
Washes hands						
Puts strip in monitor						
Pricks finger: How often should lancet be changed?						
Reads monitor						
Records results/enters amount into pump						
Able to determine amount of carbs						
Give correct bolus for carbs						
Calculate and administer correction bolus						
Calculate and set temporary basal rate						
Recognize signs/symptoms of site infection						
Disconnect pump if necessary						
Reconnect pump infusion set						
Prepare reservoir and tubing						
Insert new infusion set						
Give injection with syringe or pen, if needed						
Troubleshoot alarms and malfunctions						

Health Care Provider:	Clinic:		Phone:
Hospital:	Phon	e:	

Person to Contact	Relationship	Home Phone	Work/Alt. Phone
1.			
2.			
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.