

Date: _____

Contact Information

Student: _____ Date of Birth: _____ Diabetes: Type 1 Type 2
 Grade: _____ Homeroom teacher _____
 Date of Diagnosis: _____ Last A1C Result: _____
 School Attending: _____ Phone _____ Fax _____
 Contact Person: _____ School District: _____ MPS

Parent Information

Parent/Guardian #1: _____ Phone: H _____ W: _____ Relationship _____ Other Emergency Contact: _____	Parent/Guardian #2: _____ Phone: H _____ W: _____ Relationship _____ Other Emergency Contact: _____
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Physician Treating Student for Diabetes: _____
 Children's Hospital of WI • 9000 West Wisconsin Ave, Milwaukee, WI 53201 • Phone: 414-266-3380 Fax: 414-266-3964
 Children's Hospital of WI – Fox Valley • 130 2nd Street, West Pavilion, Neenah, WI 54956 • Phone: 920-969-7970
 Fax: 920-969-7979

Emergencies: 414-266-2860 E-mail: diabetesclinic@chw.org

Emergency Notification

Notify parents of the following conditions.

- a. Loss of Consciousness or seizure (convulsion) *Call parent immediately after Glucagon given & 911 called.
- b. Blood sugars over _____ mg/dl
- c. Moderate to large Urine Ketones
- d. Abdominal pain, nausea/vomiting, diarrhea, fever, altered breathing or altered level of consciousness

***If unable to reach parents call emergency number 414-266-2860.**

Supplies

Supplies to be furnished and re-stocked by Parents/Guardian:					
The Student requires the following supplies	Yes	No		Yes	No
Blood glucose monitor and strips			Complex carbohydrate snack		
Lancets and lancets device			Insulin Pen		
Urine ketone strips			Insulin Pen Needles		
Glucagon Emergency Kit			Extra Insulin cartridge <small>(must be changed every 28 days after opening)</small>		
Fast acting sugar source			Sharps Container		
Pump Supplies					

Monitoring

Blood Glucose Monitoring: Yes No Meter: _____
 If yes, can student perform own blood glucose checks? Yes No Needs Supervision: Yes No
 Interprets results: Yes No Document result and send copy home with student weekly Yes No
 Times to be performed:
 Before Breakfast Before PE/Activity _____
 Mid-morning: before snack After PE/Activity _____
 Before Lunch Mid-afternoon _____
 Dismissal As needed for signs/symptoms of low/high Blood Glucose
 Place to be performed: Classroom Clinic/Health Room Other _____

Optional: Target Range for blood glucose: _____ mg/dl to _____ mg/dl. (Completed by Healthcare Provider)



IHP Diabetes Medical Management Plan:

Emergency Treatment

Low Blood Sugar Treatment:

Symptoms for this student may include:

- Hunger
- Confusion
- Sleepiness
- Poor Coordination
- Other _____
- Sweating
- Crying
- Headache
- Personality change
- Trembling or Shaking
- Inability to concentrate
- Dizziness
- Complaints of feeling "low"
- Appears Pale
- Fast Heart Beat
- Slurred Speech
- Blurred Vision

Low Blood Sugar:

Treat Blood Glucose less than _____ mg/dl. If student is awake and able to swallow give _____ grams fast acting carbohydrates such as:

- 4 oz. Juice **or** 4 to 6 oz of regular soda **or** 3 - 4 glucose tablets **or** Concentrated gel or frosting tube
 Other _____ (provided by parent) *Notify Parents of low blood glucose reaction.*

Re-test Blood Glucose in 15 - 20 minutes. Repeat treatment until Blood Glucose level is over _____ mg/dl.

- If more than one hour until next meal/snack follow with a 15 gram of carbohydrate snack such as _____

If Students wears a pump:

- *If Blood Glucose is below 80 mg/dl for two checks in a row, suspend pump for 15 minutes or until BG is over 80 mg/dl.*
- *If Blood Glucose is below one time _____ mg/dl suspend pump for _____ minutes or until BG is over _____*
- *Do not leave student alone or allow him/or her to leave the classroom without an adult to accompany.*
- *If student is not responding to treatment, call parent right away.*

Give Glucagon injection (follow instructions for mixing) **if the student is not able to eat or drink, experiencing a seizure, and/or is unconscious. Call 911 – DO NOT LEAVE STUDENT UNATTENDED.**

- **Dose:** Give half the dosage (0.5 mg) Give the whole dosage (1.0 mg)
- *Turn student on their side and keep airway clear. Do not insert objects into mouth or between teeth.*
- **The student may vomit, never leave him/or her unattended.**
- **The student will need to go to the nearest emergency room to be evaluated after receiving glucagon.**
- **The students parents/guardians must be notified.**
- **If student wears a pump - disconnect or cut tubing.**

High Blood Sugar Treatment:

Symptoms for this student may include:

- Dehydration
- Increased thirst
- Inability to concentrate
- Sleepiness
- Hunger
- Confusion
- Irritability
- Blurred vision
- Frequent urination
- Headache
- Dry skin

If student is experiencing symptoms of high blood glucose:

- Check Blood Glucose
 Allow Student to drink water or sugar free fluids
 Allow access to the bathroom
 Check Urine Ketones
(If student wears a pump, ketones must be checked)

If Blood Glucose is over _____ mg/dl:

- Administer correction dose of insulin
(Refer to specific dosing guidelines for correction dose on individual dosing sheet)
 Student will need assistance with correction dose administration.
 Pump Use: Check set, site, connection and reservoir for problems.
 Pump Use: If blood glucose remains out of range at next check - correction must be given with syringe or pen.
 Notify Parents of high blood glucose treatment.

Notify Parents Immediately if:

- Moderate to large ketones are present
- If high blood glucose symptoms persist or worsen
- If the student is vomiting
- Correction dose of insulin is given other than at meal time.

If the student has difficulty breathing and lethargy, or if parents do not respond immediately; Call the Diabetes Emergency Line at 414-266-2860 or call 911 for Emergency assistance.

