INDIVIDUAL HEALTH CARE PLAN School Year:

Student Name	**Grade**	**Teacher** (if applicable)

Parent #1	Preferred Contact
Parent #2	Preferred Contact

Health Concern Description: TYPE 1 DIABETES is an autoimmune disorder which results in the destruction of the insulin-producing cells in the pancreas leading to dangerously high blood sugar levels, most commonly referred to as Blood Glucose (BG) levels. Insulin is required to transport glucose (the cell's energy source) from the blood stream into the cell. Thus, individuals with Type 1 diabetes must take insulin every day to live; in particular, healthcare provider orders usually provide a ratio of the amount of insulin to administer per a specified number of grams of carbohydrates consumed. Several methods are available for delivery of insulin including the traditional method with a syringe, an insulin pen, or through a pump worn by the individual that provides a continuous infusion of insulin through tubing from the pump to a needle placed under the skin.

Type 1 Diabetes can occur at any age with the onset most often occurring during childhood or adolescence. Individuals with Type 1 Diabetes require continual management to maintain their body's BG within a safe range; and successful management is a vital part of their success at school. Ideally, students with diabetes gradually learn self-management, and along with achieving control of BG levels, also achieve normal growth and development, minimal episodes of too low or too high BG levels (which also help to reduce chronic complications), and positive social adjustment while living with diabetes. A student's ability to concentrate and perform academically can be impacted for a period of time if abnormal BG levels occur.

Management of Type 1 Diabetes is individualized, based on many variables, and includes balancing food intake, insulin requirements, and exercise levels for the growing student through the use of multiple types of equipment and insulin delivery devices (Diabetes Medical Management Plan – DMMP). Life-threatening situations can occur if an individual with diabetes experiences too low (hypoglycemia) or too high (hyperglycemia) BG. Therefore, school staff must be trained to recognize and respond appropriately in the event an emergency presents. A student, with Type 1 Diabetes, who is not feeling well should never be left alone and/or sent by him/herself to the health room. Further, planning includes consideration of needed supplies to be carried with the student, stocked in the classroom, retrieved during evacuations, and made available during field trips, extracurricular activities, along with other before and after school activities.

Student's Low BG Symptoms include:

Student's High BG Symptoms include:

Other related medical conditions:

Diabetes Type 1

Nursing Diagnoses	Nursing Interventions
• Risk for unstable BG levels related to changes in physical activity, inadequate BG monitoring, dietary intake, nonadherence to diabetes management plan, rapid growth period, etc. • Deficient knowledge related to development level and/or insufficient interest or information • Ineffective coping • Other:	• Annually, obtain, coordinate, and implement DMMP in collaboration with student, parent, and healthcare team • Ensure needed equipment and supplies are present at school and in appropriate locations to manage student's care • Prepare Emergency Action Plans (EAP) for both high and low BG • Develop and conduct training, including delegation training, for school/support personnel as applicable on daily management and on the recognition of early warning signs and use of the EAPs • Keep accurate nursing document of regular and episodic care provided to the student • Assist student in developing self-management and decision-making skills by addressing knowledge deficits and ineffective coping and/or denial • Collaborate with teachers and other school personnel to monitor students academic performance, attendance patterns, etc. to ensure minimal disruptions to educational program and optimal academic success

Expected Student Outcomes/Self-Care (summarize pertinent information for school staff from health intake form)		**Yes**	**No**	**NA**
	Wears medical alert jewelry			
Blood Glucose	Recognizes and tells an adult when BG is low			
	Recognizes and tells an adult when BG is high			
	Checks own blood glucose			
	CGM – knows what to do/troubleshoots high/low alarms and malfunctions			
	Measures ketones			
Carbohydrate (carb) Counting	Counts carb for meals/snack			
	Calculates insulin			
Insulin by Syringe/Pen	Measures insulin in syringe (or on Insulin Pen)			
	Selects insulin injection site			
	Administers insulin			
Pump operation	boluses correct insulin			
	calculates and set basal profiles			
	disconnects pump			
	reconnects pump to infusion set			
	prepares reservoir, pod, and/or tubing			
	inserts infusion set			
	troubleshoots alarms			

Student Outcome Goals:

Current Section 504 plan ☐ No ☐ Yes **(If yes, refer to the Section 504 plan for the Management and Modifications section instead of the Management & Modifications table below.)**

Management & Modifications	***Leave this section blank if attaching a Section 504 plan. This column provides example management and modifications in italicized font. Replace italics with student's individualized plan.***
Diabetic Equipment	**Basic Equipment:** *List equipment used by student and indicate if equipment stays at school and/or goes home to school daily. The list to include BG meter, ketone testing, insulin delivery device, type of insulin, snacks, short acting glucose, and glucagon. Provide proper storage for insulin (e.g. refrigeration of unopened insulin vials).* **Extra Supplies:** *Consider extra supplies needed at school (e.g. infusion set, insulin, syringe. etc.)*
Management schedule **BG Monitoring Guidelines:** • Wash hands prior • Rotate sites and consider alternate sites • If signs of low BG, use finger stick, not alternate site • Plan for managing sharps • Decide where testing will occur, allowing for increased independence **School Nurse to stay informed regarding current insulin/carb ratio.**	**BG Monitoring:** *Establish management schedule for BG monitoring, snacks, and meals. Determine if additional BG checks are needed such as prior to recess and/or PE.* *Nutrition (e.g. prescribed carb meal plan or carb counting meal plan), carb counting, and Physical Activity Guidelines from Children's Mercy Hospital at this link: https://bit.ly/2pTwUGd* *Establish baseline of student self-management skills and in collaboration with parents and student set self-management goals for current school year. An example of age-appropriate diabetic tasks are listed in Will, Arnold, & Zaiger, IHPs for the School Nurse, 2nd Edition, 2017, Sunriver Pres.*
Transportation to and from school & field trips	*Student will have glucomenter available and short acting glucose.* *Bus personnel will be notified of student Type 1 Diabetes diagnosis.* *BG checked at end of school day prior to leaving on bus.* *Field trip arrangements ensure adequate equipment and trained personnel are present. Parent allowed to attend, but not mandated to attend. Some students with Type 1 diabetes might require a nurse to be present on the field trip.*
School Breakfast & Lunch	*Carbohydrate information will be made available for all items served through the school breakfast & Lunch program*
Classroom	*Discuss with parent and consider school policy regarding treats/classroom parties to ensure that carbohydrate information is available. Additional options include parents providing a replacement treat and/or the treat being sent home to be consumed later. Resource to assist in determining carb content: http://www.calorieking.com/foods/* *Allow student to have water bottle and unrestricted use of bathroom.* *Secure short acting, non-perishable supply of glucose in each of student's classroom* *Allow student to adjust or reschedule classroom tests without penalty due to high or low blood glucose levels.*
Before and after school activities	*Student will have BG meter available and short acting glucose.* *Ensure trained staff member is present at all times.*
Emergency Action Plan (EAP)	**See attached. Examples of available templates for hypoglycemia (BG<70mg/dl) and hyperglycemia (BG>240mg/dl): https://bit.ly/2Goc3kJ**

Diabetes Type 1

Note: Do not leave a student with hypoglycemia alone or send anywhere alone or with another student.	**http://choosehealth.utah.gov/documents/pdfs/school-nurses/DMMO%20emergency%20action%20plan.pdf** **Hypoglycemia treatment is typically 15 grams of carbs (such as):** • 4 ounces of fruit juice • 1 tube of glucose gel or cake gel • 3 to 4 glucose tabs • 6 ounces (1/2 can) of regular soda **Ketones generally checked for BG>250mg/dl**. If no ketones, treatment typically includes student drinking extra water, exercising moderately, or taking extra insulin. **If ketones present:** • Contact parent and/or physician • Student not to participate in PE or sports If student uses a pump, the infusion site should be changed or student receive insulin via syringe **Staff who have received delegation training include (name and date of training):**
Emergency Preparedness and Incident Response	• *School Nurse or Staff Member will secure EAPs in accordance with school emergency preparedness and response plan* • *In the event of building evacuation, School Nurse, or Staff Member will evacuate with EAPs, Glucagon if ordered, and supply of short acting glucose* • *Student requires assistance during drill (event/building evacuation) or emergency response?* • □ *YES* □ *NO If "YES", describe:* • *If authorized, student will self-carry medication(s) on person for duration of preparedness drill (event/building evacuation), or incident response* • *Other:*

Written Notes/Addendum to Plan of Care		
Date	**Notes**	**Nurse Initials**

School Nurse	**Date**

Parent Signature	**Date**