

# Diabetes Support Care Plan

**Student Name:**  
**Current School Year:**  
**Parent/Guardian:**  
**Parent/Guardian:**  
**Other Emergency Contact:**

**Date:**  
**Parent Home Phone:**  
**Parent Home Phone:**

## Emergency Kit/Supplies

**SCHOOL** must ensure an emergency kit is accessible at all times (class, gym, field trips, lockdowns, fire drills, etc.). Advise parents when running low on supplies. **PARENT** must maintain/refresh supplies.

Contents:	Location:	Contact Person:
Blood glucose meter, test strips, lancets		
Fast-acting sugar (juice, glucose tabs, candy) for lows		
Carbohydrate snack(s)		
Sharps disposal container		
Insulin supplies		
Other (please list)		

## Blood Glucose / Sugar (BG) Monitoring

Routine	Management
<p>Student's target blood glucose (BG) range:            _____ to _____ mmol/L</p> <p><input type="checkbox"/> Student independently checks own blood glucose  <input type="checkbox"/> Student may check blood glucose with supervision  <input type="checkbox"/> Student requires trained diabetes personnel to check blood glucose  <input type="checkbox"/> Other:</p> <p>Student prefers to do blood glucose check in:  <input type="checkbox"/> classroom  <input type="checkbox"/> bathroom  <input type="checkbox"/> office  <input type="checkbox"/> at locker  <input type="checkbox"/> Other:</p> <p>Location of monitor/supplies: _____</p> <p><b>Allow student to check their blood glucose at any time, in any place, respecting their wish for privacy or company.</b></p>	<p><b>Always check blood glucose when student shows symptoms of hypoglycemia.</b>  <b>If you are not able to check, treat as if blood glucose is low.</b></p> <p>Student's blood glucose should be checked at these times each day:  <input type="checkbox"/> before morning snack  <input type="checkbox"/> before lunch  <input type="checkbox"/> before afternoon snack  <input type="checkbox"/> before going home  <input type="checkbox"/> before gym/activity  <input type="checkbox"/> after gym/activity  <input type="checkbox"/> Other:</p> <p><b>**Does student wear a continuous glucose monitor (CGM)?</b> YES / NO</p> <p><b>Home-school communication method:</b>            Daily blood glucose readings should be communicated to parents via            EDSBY      REMIND APP      WEEKLY LOG</p> <p>Call parent if blood glucose is: BELOW _____ mmol/L            or ABOVE _____ mmol/L</p>

## Nutrition Breaks

<p><input type="checkbox"/> Student needs supervision during meal/snack times  <input type="checkbox"/> Student can manage their food intake independently</p> <p><b>Allow enough time to each meals/snacks. Ensure student eats meals/snacks on time. No food sharing.</b></p>	<p><input type="checkbox"/> Student can eat snack and lunch at regular school times, and/or at the following times:</p> <p><b>When treats or classroom food is provided:</b>  <input type="checkbox"/> Student/school should contact parent in advance for instructions  <input type="checkbox"/> Student can manage independently</p> <p><b>Food restrictions/allergies:</b></p>
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Physical Activity	
Routine	Management
<p><b>BG meter and fast-acting sugar should ALWAYS be accessible during physical activities.</b></p> <p><b>Risk of low blood glucose increases during/after physical activity.</b></p> <p><b>The student may need extra BG check(s) and/or extra food.</b></p> <p><input type="checkbox"/> Student can make decisions about physical activities independently.</p> <p><input type="checkbox"/> Student needs supervision/guidance around physical activity.</p>	<p><b>Notify parent's whenever special activities are planned such as Terry Fox run, track and field day, field trip, or other active event.</b></p> <p><input type="checkbox"/> before gym/activity</p> <p><input type="checkbox"/> before morning snack</p> <p><input type="checkbox"/> before afternoon snack</p> <p><input type="checkbox"/> before gym/activity</p> <p><input type="checkbox"/> before gym/activity</p> <p><input type="checkbox"/> Other:</p> <p><b>Considerations prior to physical activity:</b></p> <p><input type="checkbox"/> No action required</p> <p><input type="checkbox"/> Other:</p>

## EMERGENCY PROCEDURE FOR LOW BLOOD GLUCOSE (HYPOGLYCEMIA)

Symptoms	
Mild-to-Moderate Low Blood Glucose	Severe Low Blood Glucose
<p><b>When blood glucose (BG) is low, the student may have these symptoms:</b></p> <p><input type="checkbox"/> irritable/grouchy</p> <p><input type="checkbox"/> shakiness</p> <p><input type="checkbox"/> weakness/fatigue</p> <p><input type="checkbox"/> confused</p> <p><input type="checkbox"/> blurred vision</p> <p><input type="checkbox"/> pale</p> <p><input type="checkbox"/> dizziness</p> <p><input type="checkbox"/> sweaty</p> <p><input type="checkbox"/> hungry</p> <p><input type="checkbox"/> headache</p> <p><input type="checkbox"/> very tired</p> <p>Other: _____</p>	<p><b>Symptoms:</b></p> <ul style="list-style-type: none"> <li>• Unresponsive or unconscious</li> <li>• Having a seizure</li> <li>• So uncooperative that you can't give juice or sugar by mouth</li> <li>• Other: _____</li> </ul>

Action			
<p><b><u>Never leave a student with low blood glucose alone.</u></b></p> <p><b>Treat the low blood glucose ON THE SPOT.</b></p> <p><b>Do not send the student somewhere else.</b></p>			<p><b>What to do:</b></p> <ul style="list-style-type: none"> <li>• Place the student in the recovery position.</li> <li>• Have someone call 911. Then call parents.</li> <li>• Stay with the student until ambulance arrives. Do not give food or drink (choking hazard).</li> <li>• Other: (i.e. glucagon spray, etc.) _____</li> </ul>
<b>Check</b>	<ul style="list-style-type: none"> <li>• If BG is under 4 mmol/L OR</li> <li>• If BG is under 5 mmol/L with symptoms</li> </ul>		
<b>Treat</b>	<ul style="list-style-type: none"> <li>• Immediately give fast-acting sugar (see below for student preferences and amounts)</li> </ul>		
<b>Repeat</b>	<ul style="list-style-type: none"> <li>• After 15 minutes, check BG again</li> <li>• If still under 4 mmol/L, treat again as above.</li> </ul>		
<p>Repeat cycle every 10 to 15 minutes until BG is above 4 mmol/L</p>			
How much fast acting sugar to give			
	Item	10g	15g
<input type="checkbox"/>	Glucose tablets (4 g each)	2 tabs (8 g)	4 tabs (16 g)
<input type="checkbox"/>	Juice or regular soft drink	½ cup	¾ cup
<input type="checkbox"/>	Skittles	10 pieces	15 pieces
<input type="checkbox"/>	Rockets (roll candy)	1 roll (7 g)	2 rolls (14 g)
<input type="checkbox"/>	Table sugar	2 tsp / 2 pkgs	1 Tbsp / 3 pkgs
<input type="checkbox"/>	Other _____	_____	_____

**When BG is under the limits listed in the Blood Glucose / Sugar (BG) Monitoring area, call parent.**

## EMERGENCY PROCEDURE FOR HIGH BLOOD GLUCOSE (HYPERGLYCEMIA)

### Definition

Hyperglycemia = high blood glucose (BG). Levels may vary by individual. High blood glucose is usually the result of extra food or inadequate insulin, but not always. BG also rises during illness or stress, and can be due to technical problems (pump failure, etc.)

### Symptoms

#### Usual symptoms of high blood glucose for this student are:

- ☐ extreme thirst
- ☐ warm, flushed skin
- ☐ frequent urination
- ☐ abdominal pain
- ☐ hunger
- ☐ irritable/grouchy
- ☐ headache
- ☐ blurred vision
- ☐ Other:

#### Severe symptoms of high blood glucose for this student are:

- ☐ rapid, shallow breathing
- ☐ vomiting
- ☐ fruity-smelling breath
- ☐ Other:

### Action

Check BG. Even students who do their own checks may need help if they are unwell.

- **If student has symptoms of illness:** Call parent **immediately** if student is unwell, has severe abdominal pain, nausea, vomiting or symptoms of severe high blood sugar. A parent should pick up the student from school or bus if blood sugar is high and they feel unwell.
- **No symptoms of illness:** If the student feels well and the BG is under the limits listed in the Blood Glucose / Sugar (BG) monitoring area, no immediate treatment is needed. Note the blood glucose reading. In the meantime,
  - Allow free access to the washroom and encourage drinking water.
  - Allow student to eat usual meal or snack.
  - Allow student to resume activity as normal.
- **If BG is over the limits listed in the Blood Glucose / Sugar (BG) Monitoring area, call the parent.**
- **Insulin corrections by pump:** If the student is on an insulin pump, a correction may be given (see **insulin** section of this plan). If BG has not decreased 2 hours **after** the correction, call parent.

**When BG is above the limits listed in the Blood Glucose / Sugar (BG) Monitoring area, call parent.**

PROCEDURE FOR INSULIN ADMINISTRATION	
Routine	Management
Insulin Via Pump	
<p>A bolus calculator (which parents will provide) must be used in school settings. The pump is always programmed at home.</p> <p>Designated staff are responsible for ensuring that:</p> <ul style="list-style-type: none"> <li>the BG reading and number of carbohydrates are entered at each meal/snack time</li> <li>the bolus is delivered</li> </ul>	<p>Training is required. The steps are:</p>
Insulin via Pens or Syringe	
Insulin Grid	Basal Insulin: _____ Units
Blood Glucose Correction Grid	
Blood Sugar	Correction Insulin
More than _____	Reduce/Increase insulin by units: _____
Target _____	No additional insulin
Include ranges below (circle each range)	
Less than 10:	Increase / Reduce by 0.5 / 1.0 / 1.5 / 2.0 / 2.5 / 3.0 / 3.5 / 4.0 units
10-12:	Increase / Reduce by 0.5 / 1.0 / 1.5 / 2.0 / 2.5 / 3.0 / 3.5 / 4.0 units
12-14:	Increase / Reduce by 0.5 / 1.0 / 1.5 / 2.0 / 2.5 / 3.0 / 3.5 / 4.0 units
14-16:	Increase / Reduce by 0.5 / 1.0 / 1.5 / 2.0 / 2.5 / 3.0 / 3.5 / 4.0 units
16-18:	Increase / Reduce by 0.5 / 1.0 / 1.5 / 2.0 / 2.5 / 3.0 / 3.5 / 4.0 units
18-20:	Increase / Reduce by 0.5 / 1.0 / 1.5 / 2.0 / 2.5 / 3.0 / 3.5 / 4.0 units
More than 20:	Increase / Reduce by 0.5 / 1.0 / 1.5 / 2.0 / 2.5 / 3.0 / 3.5 / 4.0 units
<p>Type of insulin used:</p> <p><input type="checkbox"/> Syringe</p> <p><input type="checkbox"/> Pen</p>	<p><b>Always double-check the insulin dose before injecting to make sure the appropriate dose has been selected and is dialed correctly into the pen.</b></p> <p><input type="checkbox"/> The student is able to select the appropriate dose, with adult supervision.</p> <p><input type="checkbox"/> Insulin is given by designated staff, a medical facilitator.</p> <p><input type="checkbox"/> Parents agree the student can give their own insulin, without an adult double-checking the dose.</p>

Authorization	
Parent/Guardian Name (please print):	Physician Name (Please print)
_____	_____
Parent/Guardian Signature	Physician Signature
Relationship to child:	
Date:	
Designated and trained staff:	
Medical Facilitator Name:	
Develop a substitute plan in absence of medical facilitator (consult with your Coordinator of Student Services).	