

INDIVIDUALIZED HEALTH CARE PLAN (IHP)

School_____

Student:_____DOB_____ID#_____

Medical Diagnosis: Diabetes_____

Initiated by:_____Date:_____

GOAL: Student maintains optimal level of health.

A. GENERAL OVERVIEW OF CONDITION AND INDIVIDUALIZED HEALTH CARE PLAN

Diabetes is a condition that causes the pancreas to produce insufficient amounts of insulin, which affects the body's metabolism of fats, proteins, and carbohydrates. All staff who will work with this student have received training about diabetes, including the symptoms and treatment for hypoglycemia and hyperglycemia.

B. DAILY CARE

1. General

Written instructions for administering this student's care plan will be located in the clinic and with the Level II and III care providers. The classroom teacher shall include information about this plan in the substitute folder to ensure substitute teachers are aware of the instructions in the event of the regular teacher's absence. Diabetic students will be permitted to use the bathroom as needed and keep a water bottle with them at all times. If a water bottle is unavailable, this student should be permitted unlimited use of the water fountain. If the student is experiencing symptoms of hypoglycemia/hyperglycemia, the student will be escorted to the clinic for assessment.

Supplies for this student will be provided by the parent and kept in the following locations. It is important that these supplies accompany the student on any field trips.

Supplies	Location
Blood Glucose Testing Supplies	
Sources of carbohydrates	
Ketone testing strips	
Insulin and syringes	
Pump supplies	
Glucagon	
Glucose tablets and/or Glucose Gel	

2. Testing Procedures

a) Blood glucose monitoring:

Usual times to check blood glucose:

Snack _____ Time _____

Lunch _____ Time _____

Times to do extra blood glucose checks (check all that apply)

_____ before exercise

_____ after exercise

_____ when student exhibits signs of hyperglycemia

_____ when student exhibits signs of hypoglycemia

_____ other (explain) _____

Can student perform own blood glucose checks? _____ Yes _____ No

How much supervision is needed? _____

Who performs the testing? (check all that apply)

_____ student

_____ nurse

_____ Unlicensed Diabetes Care Assistant

_____ Other

Where will blood glucose be tested? (check all that apply)

_____ classroom

_____ health office

_____ student's locker

_____ field house/dressing room

_____ athletic trainer's office

_____ other

Type of blood glucose meter student uses: _____

Results will be recorded in student's diabetic log which is kept _____

Target range for blood glucose is _____ 70-150 _____ 70-180 _____ Other _____

Hypoglycemia (Low Blood Sugar) Never send a student with suspected high or low blood sugar alone.

Usual symptoms of hypoglycemia: _____

Treatment of hypoglycemia _____

Glucagon (kept in the nurse's office) should be given if the student is unconscious, having a seizure, or unable to swallow.

Route_____. Dosage_____, site for glucagon injection:_____arm,
_____thigh, _____other. Place student in recovery position after the injection.

If glucagon is required, administer it promptly. Then call 911 (or other emergency assistance) and the parents/guardians.

If the physician has a glucagon order and the parent does not provide it, document your attempts to get it. If the parent does not want the child to have glucagon, then have them initial the statement below:

The parent elects not to provide glucagon. The other emergency measures have been discussed._____ (parent/guardian initials)

b). Ketone testing:

Hyperglycemia (High Blood Sugar)

Usual symptoms of hyperglycemia: _____

Treatment of hyperglycemia: _____

Urine should be checked for ketones when blood sugar levels are above _____mg/dl.

Treatment for ketones: _____

How much supervision is needed? _____

3. Insulin (Refer to Physician's orders; ATTACH A COPY)

Snacktime_____ (state usual time)

Lunch_____ (state usual time)

Base dose of Humalog/Novolog/Regular insulin at lunch (circle type of rapid-short-acting insulin used) is _____units/_____grams carbohydrate.

Can student calculate the amount of insulin needed based on the sliding scale orders? _____Yes _____No

Can student measure and safely administer own insulin injections?
_____Yes _____No

Who can measure and administer the insulin injection? (Check all that apply)

- _____ Student
- _____ Nurse
- _____ Unlicensed Diabetes Care Assistant
- _____ Other

4. Insulin Pumps

Student will enter the blood glucose number and the number of carbs for lunch into the insulin pump. The pump will then show the amount of insulin to be given. The student will then enter the prescribed amount of insulin to be given into the pump. ____ Yes ____ No

For students with insulin pumps:

Type of pump: _____

Type of insulin in pump: _____

Type of infusion set: _____

Insulin/carbohydrate ratio: _____ Correction factor: _____

Student Pump Abilities/Skills:

Needs assistance

Count carbohydrates	____ Yes ____ No
Bolus correct amount for carbs. consumed	____ Yes ____ No
Calculate and administer correction bolus	____ Yes ____ No
Calculate and set basal profiles	____ Yes ____ No
Disconnect pump	____ Yes ____ No
Reconnect pump at infusion set	____ Yes ____ No
Prepare reservoir and tubing	____ Yes ____ No
Insert infusion set	____ Yes ____ No
Troubleshoot alarms and malfunctions	____ Yes ____ No
Student will use universal precautions	____ Yes ____ No

5. Meals and Snacks Eaten at School (Allow enough time to finish meal and snack)

Is student independent in carbohydrate calculations and management? ____ Yes ____ No

Meal/Snack	Time	CHO Content/Amount
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____
Snack before exercise?	____ Yes ____ No	
Snack after exercise?	____ Yes ____ No	
Other times to give snacks and content/amount	_____	_____
Preferred snack foods	_____	_____

Where will snacks be stored? _____

Where will snacks be eaten? (Check all that apply)

- _____ classroom
- _____ health office
- _____ student's locker
- _____ field house/dressing room
- _____ athletic trainer's office
- _____ other

Parents will provide lunch and snacks _____ (parent/guardian initials)

Special instructions for unscheduled snacks and/or scheduled parties in the classroom

Can student go ahead and have the special snack and then notify parents so that they may adjust the insulin/evening meal? _____ Yes _____ No.

Does student need to be monitored to be sure that all CHO are ingested? _____ Yes _____ No

6. Exercise and Sports

A fast-acting carbohydrate such as _____ should be available at the site of exercise or sports.

This will be kept (where)? _____

The fast-acting carbohydrate will be provided by the parent _____ (parent/guardian initials)

Restriction on activity, if any _____

Student should not exercise if blood glucose level is below _____ mg/dl or above _____ mg/dl or if moderate to large urine ketones are present.

7. Medically related accommodations

This diabetic student will be allowed unlimited access to the restroom and drinking water. This student should be allowed to carry a water bottle at all times. *It will be necessary for this student to have a snack in the classroom at prescribed snack times, and during times of feeling symptomatic.* This student should be allowed to go to the clinic if feeling symptomatic and should be accompanied for safety.

8. Procedures to follow for school-related activities, parties, field trips

- a) Teacher will notify school nurse 2 weeks in advance of all school –related activities so that a plan of care for the student can be made.
- b) The parent will contact the nurse to inform her of all school-sponsored extra-curricular events.
- c) Arrangements will be made by the parent, nurse, and classroom teacher or sponsor to ensure student’s emergency supplies accompany the student to event.
- d) A one page information sheet that identifies the student who has diabetes, identifies potential emergencies that may occur, and provides the telephone number of a contact person in case of an emergency will be provided to a district employee who will be supervising the student.

Special instructions for field day _____

Please check which school personnel should be aware of the IHP

- | | |
|----------------------------|----------------------------|
| _____ nurse or nurse sub | _____ principal |
| _____ office staff | _____ classroom teacher |
| _____ grade level teachers | _____ specials’ teacher |
| _____ substitute teacher | _____ lunch room personnel |
| _____ bus driver | _____ classroom rep |

The IHP will be developed after a Diabetes Management Plan, signed by the parents’ and the student’s health care team, has been submitted to the school. The IHP will be developed with input from the school principal, the school nurse, the parent or guardian, one or more of the student’s teachers and to the extent practicable, the physician responsible for the student’s treatment.

Mother/guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Father/guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Student’s Doctor/Health Care Provider:

Name: _____

Telephone: Work _____ Other: _____

Address: _____

Assigned Unlicensed Diabetes Care Assistants:

Name: _____

Name: _____

Name: _____

Other Emergency Contacts:

Name: _____ Relationship _____

Telephone: Home _____ Work _____ Cell _____

Signatures

This Individualized Health care Plan has been approved by:

Student's Doctor or Health Care Provider (if available) _____ Date _____

School Nurse _____ Date _____

School Principal _____ Date _____

Teacher _____ Date _____

Student (if applicable) _____ Date _____

I give permission to the school nurse, UDCA, and other designated staff members of _____ school to perform and carry out diabetes care tasks as outlined by _____'s Individual Health care Plan.

I understand that an UDCA is not liable for civil damages as provided by Section 168.009 of HB 984.

Student's Parent/Guardian signature _____ Date _____

Student's Parent/guardian signature _____ Date _____

Notify parents/guardians or emergency contact in the following situations:

